



## TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                                                                                                                                                  |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER                                                                                                  |  | LOCAL INFORMATION                                                                                                                                                                                                               |  | IR25-001628                                                                                                                                                                                                                                                                                                    |  |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                     |  | NCIC*<br>00901                                                                                                                                                                                                                  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                                                                                                                                                                         |  |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                   |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1                                                                                                                                                                           |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                                                                                 |  | CRASH DATE/TIME*<br>03/31/2025 02:15                                                                                                                                                                                                                                                                           |  |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                                                    |  | ROUTE NUMBER<br>1                                                                                                                                                                                                                   |  | LOCATION ROAD NAME<br>HOLDEN                                                                                                                                                                                                    |  | ROAD TYPE<br>BL                                                                                                                                                                                                                                                                                                |  |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                                                    |  | ROUTE NUMBER<br>1                                                                                                                                                                                                                   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>8800                                                                                                                                                                           |  | ROAD TYPE<br>BL                                                                                                                                                                                                                                                                                                |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3                                                                                                                                                                                                                                                                        |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>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<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  |
| DISTANCE FROM REFERENCE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                                                                                                                                   |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                      |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>5                                                            |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                            |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>10                                                                                                                                                         |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                               |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>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>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                     |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                     |  | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN                                                                                                                                                                                                 |  |
| LIGHT CONDITION<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>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN |  | CONDITIONS<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>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN                                                                                                                                                                    |  |
| NARRATIVE<br>On 3-31-25 at 2:15 AM Unit #1 was driving northbound in the parking lot of 8800 Holden Blvd. Unit #1 drove straight into a ditch.<br><br>The grass was damaged with large ruts. The grass is owned by Fairfield School District, 4641 Bach Lane, Fairfield, Ohio 45014,<br><br>The driver was also cited with OVI (FCO 333.01a1A). |  |                                                                                                                                                                                                                                     |  | DIAGRAM                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                |  |
| CRASH REPORTED DATE/TIME<br>03/31/2025 02:16                                                                                                                                                                                                                                                                                                    |  | DISPATCH DATE/TIME<br>03/31/2025 02:19                                                                                                                                                                                              |  | ARRIVAL DATE/TIME<br>03/31/2025 02:19                                                                                                                                                                                           |  | SCENE CLEARED DATE/TIME<br>03/31/2025 03:30                                                                                                                                                                                                                                                                    |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                  |  | OTHER INVESTIGATION TIME<br>0                                                                                                                                                                                                       |  | TOTAL MINUTES<br>71                                                                                                                                                                                                             |  | OFFICER'S NAME*<br>Harrington, Kevin                                                                                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                     |  | OFFICER'S BADGE NUMBER*<br>112                                                                                                                                                                                                  |  | CHECKED BY OFFICER'S NAME*<br>Harrington, Kevin                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                 |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>112                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                 |  | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                                              |  |

|                                                                                                                                          |                                                                                                    |                                                                                                        |                                                                                                                               |                        |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------|
| UNIT #<br>1                                                                                                                              | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>ENTERPRISE FM TRUST |                                                                                                        | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                        |                        |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>6155 OLD STONE CT, FAIRFIELD TWP, OH 45011        |                                                                                                    |                                                                                                        |                                                                                                                               |                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                      |                                                                                                    |                                                                                                        | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                   |                        |
| LP STATE<br>OH                                                                                                                           | LICENSE PLATE #<br>KOF9656                                                                         | VEHICLE IDENTIFICATION #<br>4S4BTAEC2L3211353                                                          | VEHICLE YEAR<br>2020                                                                                                          | VEHICLE MAKE<br>Subaru |
| <input type="checkbox"/> INSURANCE<br>VERIFIED                                                                                           | INSURANCE COMPANY                                                                                  |                                                                                                        | INSURANCE POLICY #                                                                                                            | COLOR<br>Green         |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY<br>RESPONSE |                                                                                                    | US DOT #                                                                                               | TOWED BY: COMPANY NAME<br>FOX TOWING                                                                                          |                        |
| <input type="checkbox"/> INTERLOCK<br>DEVICE<br>EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                          |                                                                                                    | # OCCUPANTS<br>1                                                                                       | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL<br>RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/> |                        |
| UNIT TYPE<br>3                                                                                                                           |                                                                                                    | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                | CLASS # PLACARD ID #                                                                                                          |                        |
| 0                                                                                                                                        |                                                                                                    | # OF TRAILING UNITS                                                                                    |                                                                                                                               |                        |
| 2                                                                                                                                        |                                                                                                    | WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN |                                                                                                                               |                        |
| 1                                                                                                                                        |                                                                                                    | SPECIAL<br>FUNCTION                                                                                    |                                                                                                                               |                        |
| 1                                                                                                                                        |                                                                                                    | CARGO<br>BODY<br>TYPE                                                                                  |                                                                                                                               |                        |
| VEHICLE<br>DEFECTS                                                                                                                       |                                                                                                    | NON-MOTORIST<br>LOCATION<br>AT IMPACT                                                                  |                                                                                                                               |                        |
| 3                                                                                                                                        |                                                                                                    | ACTION                                                                                                 |                                                                                                                               |                        |
| 22                                                                                                                                       |                                                                                                    | CONTRIBUTING<br>CIRCUMSTANCES                                                                          |                                                                                                                               |                        |
| SEQUENCE OF EVENTS                                                                                                                       |                                                                                                    |                                                                                                        |                                                                                                                               |                        |
| EVENTS                                                                                                                                   |                                                                                                    |                                                                                                        |                                                                                                                               |                        |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                     |                                                                                                    |                                                                                                        |                                                                                                                               |                        |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1                                                                                               |                                                                                                    |                                                                                                        |                                                                                                                               |                        |

LOCAL REPORT NUMBER\*

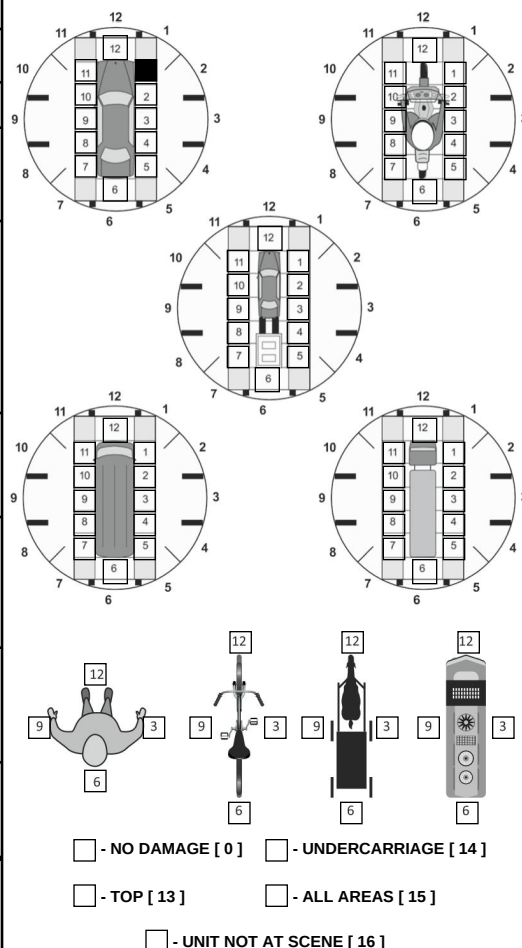
IR25-001628

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                                                                                                                                                             |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                             | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL  |
| # OF THROUGH LANES<br>ON ROAD<br>2                                                                                                                                          | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE<br>CROSSING |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 1<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                               |
| UNIT SPEED<br>20                                                                                                                                                            | DETECTED SPEED<br>1 1 - STATED/ESTIMATED<br>SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                   |
| POSTED SPEED<br>15                                                                                                                                                          |                                                                                                               |



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IR25-001628

HSY8306 OH1M 1/19 [760-1500]