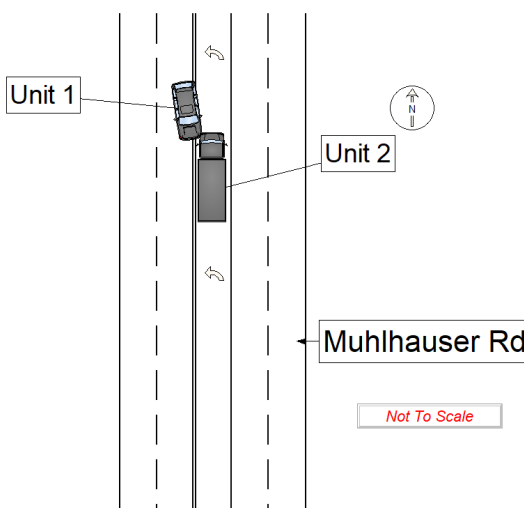


PHOTOS TAKEN SECONDARY CRASH OH-2 OH-1P PRIVATE PROPERTY OH-3 OTHER LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901 LOCAL REPORT NUMBER* IR25-003694													
COUNTY* 09		LOCALITY* 1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield				CRASH DATE/TIME* 07/23/2025 08:20		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 4			
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME MUHLHAUSER				ROAD TYPE DR		LATITUDE 39.316474	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) LESAINTE				ROAD TYPE DR		LONGITUDE -84.478819	
REFERENCE POINT 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 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 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 100		DISTANCE UNIT OF MEASURE 2 1 - MILES 2 - FEET 3 - YARDS								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 3 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 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 07-23-25 at 8:20 a.m., Unit 1 was traveling south on Muhlhauser Rd in the left hand through lane. Unit 2 was traveling north on Muhlhauser Rd in the left turn lane. The driver of Unit 1 fell asleep causing Unit 1 to drift across the double yellow line and strike Unit 2 on the driver side.						DIAGRAM  Not To Scale							
CRASH REPORTED DATE/TIME 07/23/2025 08:22		DISPATCH DATE/TIME 07/23/2025 08:26		ARRIVAL DATE/TIME 07/23/2025 08:41		SCENE CLEARED DATE/TIME 07/23/2025 09:40		REPORT TAKEN BY POLICE AGENCY MOTORIST					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 74		OFFICER'S NAME* Drake, Joseph		CHECKED BY OFFICER'S NAME* Wolfe, Bradley					
				OFFICER'S BADGE NUMBER* 88		CHECKED BY OFFICER'S BADGE NUMBER* 103		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					

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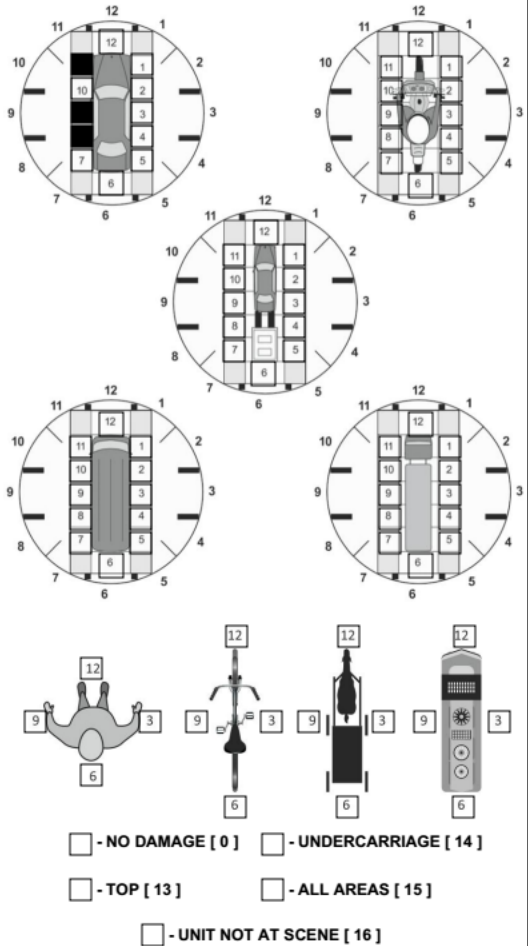
UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) MCWHORTER, NICOLE MARIE ANDERSON	OWNER PHONE: INCLUDE AREA CODE ☐ SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 983 HALESWORTH DR, CINCINNATI, OH 45240		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # KEW8843	VEHICLE IDENTIFICATION # 3PCA5M38KF132947
VEHICLE YEAR 2019		VEHICLE MAKE Infiniti
INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE INSURANCE	INSURANCE POLICY # 994547243
COLOR Grey		VEHICLE MODEL QX50
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		
US DOT #		
VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		
TOWED BY: COMPANY NAME WAYNES TOWING		
HAZARDOUS MATERIAL ☐ MATERIAL CLASS # ☐ PLACARD ID #		
INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT ☐		
# OCCUPANTS 1		
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 3		
CONTRIBUTING CIRCUMSTANCES 7		
SEQUENCE OF EVENTS 11		
EVENTS 11		
COLLISION WITH FIXED OBJECT - STRUCK 4		
FIRST HARMFUL EVENT 2		
MOST HARMFUL EVENT 2		

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

UNIT SPEED

35

DETECTED SPEED

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

POSTED SPEED

35

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) CLEAN HARBORS ENVIRON SVC INC.	OWNER PHONE: INCLUDE AREA CODE ☐ SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 4879 SPRING GROVE AVE, CINCINNATI, OH 45232		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP INC, CLEAN HARBORS ENVIRON SVC, 4879 SPRING GROVE AVE, CINCINNATI, OH 45		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # PJG1645	VEHICLE IDENTIFICATION # 2NP2HM6X6GM324623
VEHICLE YEAR 2016	VEHICLE MAKE Peterbilt	
INSURANCE VERIFIED	INSURANCE COMPANY STARR INDEMNITY	INSURANCE POLICY # 1000679502241
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT # 180743
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	HAZARDOUS MATERIAL ☐ MATERIAL CLASS # ☐ PLACARD ID #
UNIT TYPE 14	# OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR 2
# OF TRAILING UNITS 0		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		
AUTONOMOUS MODE LEVEL 0		
SPECIAL FUNCTION 1		
CARGO BODY TYPE 6		
VEHICLE DEFECTS 1		
ACTION 4		
CONTRIBUTING CIRCUMSTANCES 1		
SEQUENCE OF EVENTS		
EVENTS		
COLLISION WITH FIXED OBJECT - STRUCK		
FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER*

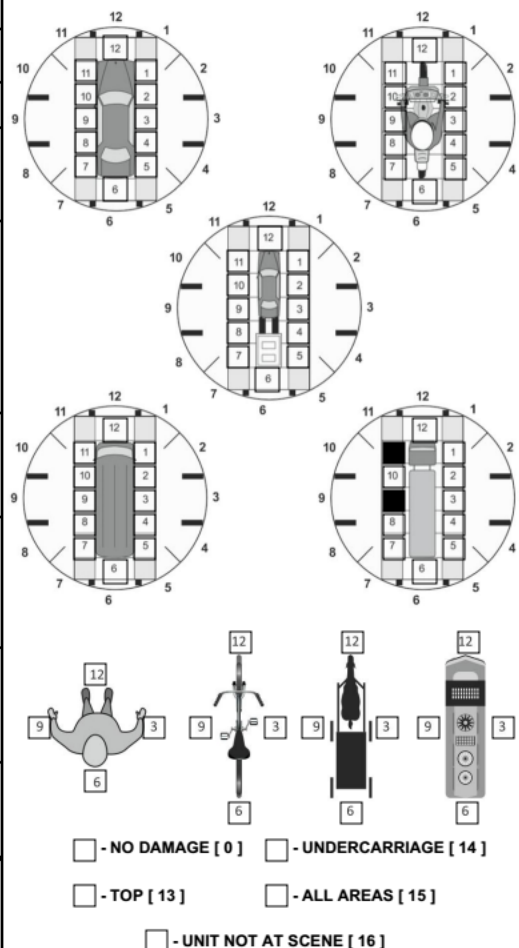
IR25-003694

DAMAGE

DAMAGE SCALE

3 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 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED 35	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED 35	



LOCAL REPORT NUMBER*									
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER
1		MCWHORTER, KENDALL LAMONT				09/11/2003		21	M
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
3750 YELLOWSTONE DR, CINCINNATI, OH 45251									
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	
4		2		CITY OF FAIRFIELD FIRE		MERCY FAIRFIELD HOSPITAL, FAIRFIELD		4	
DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
1		4		1		1		1	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION	
OH				331.34a		█		Failure to Control	
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED	
4						1		ALCOHOL MARIJUANA OTHER DRUG	
CONDITION		ALCOHOL TEST		DRUG TEST(S)					
5		STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP TO 4					
1 1 .		1 1							
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER
2		LANG, JEFFERY L				10/27/1970		54	M
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
159 S HIGH ST, WILLIAMSBURG, OH 45176									
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	
5								4	
DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
1		1		1		1		1	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION	
OH						█			
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED	
4						1		ALCOHOL MARIJUANA OTHER DRUG	
CONDITION		ALCOHOL TEST		DRUG TEST(S)					
1		STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP TO 4					
1 1 .		1 1							
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	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION	
						█			
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED	
								ALCOHOL MARIJUANA OTHER DRUG	
CONDITION		ALCOHOL TEST		DRUG TEST(S)					
		STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP TO 4					
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		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		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL		1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	
INJURED TAKEN BY		EJECTION		OL ENDORSEMENT		DRIVER DISTRACTION		TEST STATUS	
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN		1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	
SAFETY EQUIPMENT		TRAPPED		GENDER		CONDITION		DRUG TEST TYPE	
1 - NONE USED 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		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
								DRUG TEST RESULT(S)	
								1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS	