

TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

IR25-003947

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION					
		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901					
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*					
09	1	Fairfield					
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME			
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	LATITUDE			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE (TP) US - FEDERAL US.ROUTE SR - STATE.ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	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	39.330800	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE			LONGITUDE	-84.492278		
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT				
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	2	1 - NOT COLLISION 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	MEDIAN TYPE	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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	
LIGHT CONDITION		WEATHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR	CONDITIONS	SURFACE	
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN	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	2	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN	
NARRATIVE			DIAGRAM				
On 8/4/25 at about 7:45 am Unit 1 was traveling north on Seward Rd. at 48 mph and failed to stop within the assured clear distance ahead striking Unit 2. The driver of Unit 1 was not wearing a seatbelt and did not have a valid driver's license. The driver of Unit 1 was transported to University Hospital and as of 8/13/25 remains in critical condition.							
See OH-2							
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME	
08/04/2025 07:45		08/04/2025 07:47		08/04/2025 07:49		08/04/2025 11:41	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		REPORT TAKEN BY	
0		600		834		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		OFFICER'S BADGE NUMBER*		SUPPLEMENT	
Gooch, Darin		Mack, Kevin		160		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OODPS)	
HSY7001 OH1 1/19 [760-0820]							

IR25-003947

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) POWELL, MEGAN ANN RENEE	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
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OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
530 Andre Ln, HAMILTON, OH 45013

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # KJG7070	VEHICLE IDENTIFICATION # 5NPE24AF3KH738763	VEHICLE YEAR 2019	VEHICLE MAKE Hyundai
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR White	VEHICLE MODEL Sonata
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME FOX TOWING	
INTERLOCK DEVICE EQUIPPED		VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	HAZARDOUS MATERIAL MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	

UNIT TYPE
1 - PASSENGER CAR
2 - PASSENGER VAN
(MINIVAN)
3 - SPORT UTILITY
VEHICLE
4 - PICK UP
5 - CARGO VAN
11 - ALL TERRAIN
VEHICLE (ATV/UTV)

1 - 2-WHEELED
2 - MOTORCYCLE
3 - WHEELED
4 - AUTOCYCLE
10 - MOPED OR
MOTORIZED BICYCLE
11 - ALL TERRAIN
VEHICLE (ATV/UTV)

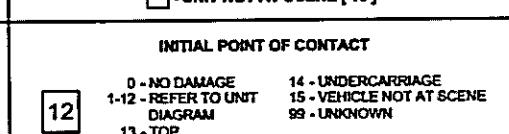
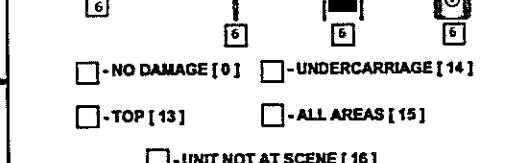
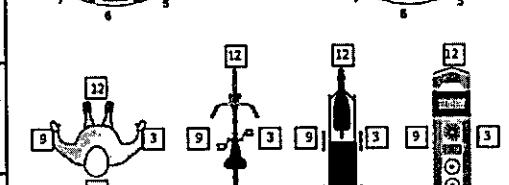
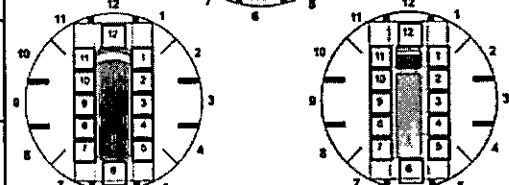
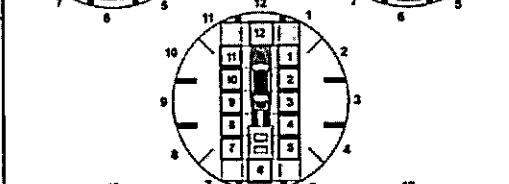
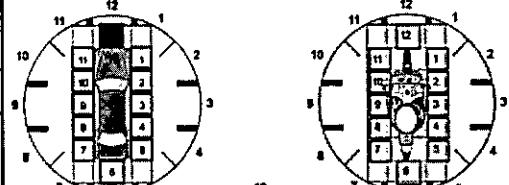
12 - GOLF CART
13 - SNOWMOBILE
14 - SINGLE UNIT TRUCK
15 - SEMI-TRACTOR
16 - FARM EQUIPMENT
17 - MOTORHOME
18 - LIMO (LIVERY
VEHICLE)
19 - BUS (16+
PASSENGERS)
20 - OTHER VEHICLE
21 - HEAVY EQUIPMENT
22 - ANIMAL WITH RIDER
OR ANIMAL-DRAWN
VEHICLE
23 - PEDESTRIAN
SKATER
24 - WHEELCHAIR (ANY
TYPE)
25 - OTHER NON-
MOTORIST
26 - BICYCLE
27 - TRAIN
28 - UNKNOWN OR
HT/SKIP

OF TRAILING UNITS
0

WAS VEHICLE OPERATING IN
AUTONOMOUS MODE
WHEN CRASH OCCURRED?

0
AUTONOMOUS
MODE LEVEL
1 - YES 2 - NO 9 - OTHER/UNKNOWN

0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
3 - CONDITIONAL
AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATION



INITIAL POINT OF CONTACT

12 - NO DAMAGE
1-12 - REFER TO UNIT
DIAGRAM
13 - TOP

14 - UNDERCARRIAGE
99 - UNKNOWN

15 - VEHICLE NOT AT SCENE

16 - OTHER/UNKNOWN

17 - TOP

18 - NO DAMAGE

19 - STANDING

20 - OTHER NON-SPECIFIED LOCATION

21 - STANDING OUTSIDE
DISABLED VEHICLE

22 - NOT DISCERNIBLE

23 - OPENING DOOR
INTO ROADWAY

24 - OTHER UNKNOWN

25 - APPROACHING OR
LEAVING VEHICLE

26 - ROUNDABOUT

27 - SIGNAL

28 - FLASHER

29 - NO CONTROL

30 - OTHER/UNKNOWN

31 - OTHER/UNKNOWN

32 - OTHER/UNKNOWN

33 - OTHER/UNKNOWN

34 - OTHER/UNKNOWN

35 - OTHER/UNKNOWN

36 - OTHER/UNKNOWN

37 - OTHER/UNKNOWN

38 - OTHER/UNKNOWN

39 - OTHER/UNKNOWN

40 - OTHER/UNKNOWN

41 - OTHER/UNKNOWN

42 - OTHER/UNKNOWN

43 - OTHER/UNKNOWN

44 - OTHER/UNKNOWN

45 - OTHER/UNKNOWN

46 - OTHER/UNKNOWN

47 - OTHER/UNKNOWN

48 - OTHER/UNKNOWN

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50 - OTHER/UNKNOWN

51 - OTHER/UNKNOWN

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143 - OTHER/UNKNOWN

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147 - OTHER/UNKNOWN

148 - OTHER/UNKNOWN

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151 - OTHER/UNKNOWN

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153 - OTHER/UNKNOWN

154 - OTHER/UNKNOWN

155 - OTHER/UNKNOWN

156 - OTHER/UNKNOWN

157 - OTHER/UNKNOWN

158 - OTHER/UNKNOWN

159 - OTHER/UNKNOWN

160 - OTHER/UNKNOWN

161 - OTHER/UNKNOWN

162 - OTHER/UNKNOWN

163 - OTHER/UNKNOWN

164 - OTHER/UNKNOWN

165 - OTHER/UNKNOWN

166 - OTHER/UNKNOWN

167 - OTHER/UNKNOWN

168 - OTHER/UNKNOWN

169 - OTHER/UNKNOWN

170 - OTHER/UNKNOWN

171 - OTHER/UNKNOWN

172 - OTHER/UNKNOWN

173 - OTHER/UNKNOWN

174 - OTHER/UNKNOWN

175 - OTHER/UNKNOWN

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177 - OTHER/UNKNOWN

178 - OTHER/UNKNOWN

179 - OTHER/UNKNOWN

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185 - OTHER/UNKNOWN

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188 - OTHER/UNKNOWN

189 - OTHER/UNKNOWN

190 - OTHER/UNKNOWN

191 - OTHER/UNKNOWN

192 - OTHER/UNKNOWN

193 - OTHER/UNKNOWN

194 - OTHER/UNKNOWN

195 - OTHER/UNKNOWN

196 - OTHER/UNKNOWN

197 - OTHER/UNKNOWN

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201 - OTHER/UNKNOWN

202 - OTHER/UNKNOWN

203 - OTHER/UNKNOWN

204 - OTHER/UNKNOWN

205 - OTHER/UNKNOWN

206 - OTHER/UNKNOWN

207 - OTHER/UNKNOWN

208 - OTHER/UNKNOWN

209 - OTHER/UNKNOWN

210 - OTHER/UNKNOWN

211 - OTHER/UNKNOWN

212 - OTHER/UNKNOWN

213 - OTHER/UNKNOWN

214 - OTHER/UNKNOWN

215 - OTHER/UNKNOWN

216 - OTHER/UNKNOWN

217 - OTHER/UNKNOWN

218 - OTHER/UNKNOWN

219 - OTHER/UNKNOWN

220 - OTHER/UNKNOWN

221 - OTHER/UNKNOWN

222 - OTHER/UNKNOWN

IR25-003947

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) BFD ASSET MANAGEMENT LLC	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 601 GEIL LANE, LOUISVILLE, KY 40219				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP BFD ASSET MANAGEMENT LLC, 601 GEIL LANE, LOUISVILLE, KY 40219	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE KY	LICENSE PLATE # A73383	VEHICLE IDENTIFICATION # 1XKZD49XXLJ386092	VEHICLE YEAR 2020	VEHICLE MAKE Kenworth
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY SENTRY SELECT INSURANCE	INSURANCE POLICY # A0278293001	COLOR Grey	VEHICLE MODEL T880
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # 215501	TOWED BY: COMPANY NAME SCHAFFERS TOWING	
INTERLOCK DEVICE EQUIPPED		VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
UNIT TYPE 15	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER 23 - PEDESTRIAN SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
0	# OF TRAILING UNITS			
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
1	1 - YES 2 - NO 9 - OTHER/UNKNOWN AUTONOMOUS MODE LEVEL		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMUTER	
SPECIAL FUNCTION		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - AMBULANCE 12 - FIRE 13 - MILITARY 14 - POLICE 15 - PUBLIC UTILITY 16 - CONSTRUCTION EQUIPMENT 17 - MAIL CARRIER 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		
1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - GRAIN/CHIPS/GRAVEL 16 - POLE 17 - CARGO TANK 18 - FLAT BED 19 - DUMP 20 - CONCRETE MIXER 12 - MAIL CARRIER 99 - OTHER/UNKNOWN	
1	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	
1	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN	
4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH ACTION STRIKING PRE-CRASHES & STRUCK ACTIONS 9 - OTHER/UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 1 - ENTERING TRAFFIC 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - MIDBLOCK - MARKED CROSSWALK 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - LEAVING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A LANE 14 - ENTERING OR LEAVING TRAFFIC 15 - PARKED ILLEGALLY 16 - SWERVING TO AVOID 17 - WORKING 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING SPECIFIED LOCATION 20 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - OPERATING DEFECTIVE EQUIPMENT 23 - NOT DISCERNIBLE 24 - OTHER NON- MOTORIST 25 - WORKING 26 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING SPECIFIED LOCATION 20 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - OPERATING DEFECTIVE EQUIPMENT 23 - NOT DISCERNIBLE 24 - OTHER NON- MOTORIST 25 - WORKING 26 - PUSHING VEHICLE	
1	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN CONTRIBUTING CIRCUMSTANCES		7 - LEFT OF CENTER CLOSE/ACDA 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LEAVING TRAFFIC 20 - LOAD SHIFTING/ FALLING/SPILLING 21 - IMPROPER CROSSING 22 - LYING IN ROADWAY 23 - NOT DISCERNIBLE 24 - OTHER IMPROPER ACTION 25 - APPROACHING OR LEAVING VEHICLE 26 - STANDING SPECIFIED LOCATION 27 - WALKING, RUNNING, JOGGING, PLAYING 28 - STANDING OUTSIDE DISABLED VEHICLE 29 - WORKING 30 - PUSHING VEHICLE	
1	SEQUENCE OF EVENTS		EVENTS	
1	20 1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT		20 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE OR SUPPORT 41 - OTHER POST, POLE 42 - CULVERT 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON- COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM MAINTENANCE 18 - ANIMAL - DEER MAINTENANCE 19 - ANIMAL - OTHER MAINTENANCE 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	
4	25 - IMPACT ATTENUATOR/ CRASH CUSHION		30 43 - CURB MAINTENANCE 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN	
5	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL		31 32 - PORTABLE BARRIER 33 - MEDIAN CABLE 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE OR SUPPORT 41 - OTHER POST, POLE 42 - CULVERT 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON- COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM MAINTENANCE 18 - ANIMAL - DEER MAINTENANCE 19 - ANIMAL - OTHER MAINTENANCE 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 99 - OTHER/UNKNOWN	
6	30 - GUARDRAIL FACE		30 43 - CURB MAINTENANCE 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN	
1	FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT	

DAMAGE	
DAMAGE SCALE	
3	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered points of impact: 1 (front center), 2 (front left), 3 (front right), 4 (side left), 5 (side right),	



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

IR25-003947

UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER			
	1	POWELL, MEGAN ANN RENEE												10/07/1993	31	F
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE			
530 Andre Ln, HAMILTON, OH 45013																
INJURIES <input checked="" type="checkbox"/> 2	INJURED TAKEN BY <input checked="" type="checkbox"/> 2	EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED <input type="checkbox"/> 1	DOT-Compliant MC HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/> 1	AIR BAG USAGE <input type="checkbox"/> 2	EJECTION <input type="checkbox"/> 1	TRAPPED <input type="checkbox"/> 2				
		FAIRFIELD CITY EMS		UC HOSPITAL MAIN, Cincinnati												
OL STATE <input checked="" type="checkbox"/> OH	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER						
OL CLASS <input type="checkbox"/>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY <input type="checkbox"/> 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION <input type="checkbox"/> 9	ALCOHOL TEST STATUS <input type="checkbox"/> 1		ALCOHOL TEST TYPE <input type="checkbox"/> 1	DRUG TEST(S) RESULT SELECT UP TO 4					
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER			
	2	GREEN, RAYMOND												01/11/1989	36	M
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE			
11279 LINCOLNSHIRE DR, CINCINNATI, OH 45240																
INJURIES <input checked="" type="checkbox"/> 4	INJURED TAKEN BY <input type="checkbox"/> 1	EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED <input type="checkbox"/> 4	DOT-Compliant MC HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/> 1	AIR BAG USAGE <input type="checkbox"/> 1	EJECTION <input type="checkbox"/> 1	TRAPPED <input type="checkbox"/> 1				
OL STATE <input checked="" type="checkbox"/> OH	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER						
OL CLASS <input type="checkbox"/> 1	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY <input type="checkbox"/> 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION <input type="checkbox"/> 1	ALCOHOL TEST STATUS <input type="checkbox"/> 1		ALCOHOL TEST TYPE <input type="checkbox"/> 1	DRUG TEST(S) RESULT SELECT UP TO 4					
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE			
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT-Compliant MC HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>				
OL STATE <input type="checkbox"/>	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER						
OL CLASS <input type="checkbox"/>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY <input type="checkbox"/>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>		ALCOHOL TEST TYPE <input type="checkbox"/>	DRUG TEST(S) RESULT SELECT UP TO 4					
INJURIES													SEATING POSITION			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY													AIR BAG			
INJURED TAKEN BY													OL CLASS			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN													OL RESTRICTION(S)			
SAFETY EQUIPMENT													DRIVER DISTRACTION			
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													TEST STATUS			
EJECTION													TEST STATUS			
1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE													TEST STATUS			
TRAPPED													TEST STATUS			
1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS													TEST STATUS			
GENDER													TEST STATUS			
F - FEMALE M - MALE U - OTHER / UNKNOWN													TEST STATUS			
CONDITION													TEST STATUS			
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													TEST STATUS			
DRUG TEST RESULT(S)													TEST STATUS			
1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS													TEST STATUS			

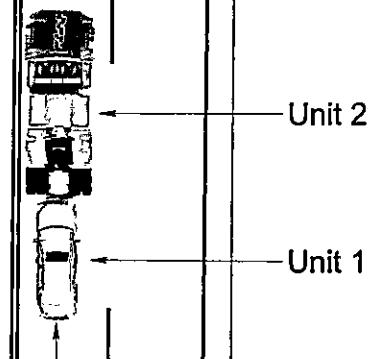


OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 25003947	REPORTING AGENCY Fairfield PD	DATE OF CRASH M 8 D 4 Y 25
IN COUNTY OF Butler	CRASH LOCATION Seward Rd and Constitution Dr	

Constitution Dr



Seward Rd

OFFICER'S SIGNATURE

D. Gooch

BADGE NUMBER
160