

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		<b>LOCAL INFORMATION</b> <b>REPORTING AGENCY NAME*</b> NCIC* Fairfield Police Department 00901				<b>LOCAL REPORT NUMBER*</b> <b>IR24-004805</b>		
<b>COUNTY*</b> 09 <b>LOCALITY*</b> 1 - CITY 1 - Fairfield 2 - VILLAGE 3 - TOWNSHIP		<b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP* Fairfield				<b>HIT/SKIP</b> 1 - SOLVED 2 - UNSOLVED	<b>NUMBER OF UNITS</b> 2	<b>UNIT IN ERROR</b> 1 98 - ANIMAL 99 - UNKNOWN
<b>REFERENCE LOCATION</b>  <b>ROUTE TYPE</b> US <b>ROUTE NUMBER</b> 127 <b>PREFIX 1</b> - NORTH  <b>ROUTE TYPE</b> <b>ROUTE NUMBER</b> <b>PREFIX 1</b> - NORTH  <b>ROUTE TYPE</b> <b>ROUTE NUMBER</b> <b>PREFIX 1</b> - NORTH	<b>LOCATION ROAD NAME</b> Crestwood				<b>ROAD TYPE</b> LATITUDE 39.328741	<b>CRASH SEVERITY</b> 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		<b>CRASH DATE/TIME*</b> 09/03/2024 18:06
					<b>ROAD TYPE</b> LONGITUDE -84.560539			
<b>REFERENCE POINT</b>  <b>1</b> - INTERSECTION <b>2</b> - MILE POST <b>3</b> - HOUSE #		<b>DIRECTION FROM REFERENCE</b>  <b>4</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<b>ROUTE TYPE</b>  <b>IR</b> - INTERSTATE ROUTE (TP) <b>US</b> - FEDERAL US ROUTE <b>SR</b> - STATE ROUTE <b>CR</b> - NUMBERED COUNTY ROUTE <b>TR</b> - NUMBERED TOWNSHIP ROUTE	<b>ROAD TYPE</b>  AL - ALLEY    HW - HIGHWAY    RD - ROAD AV - AVENUE    LA - LANE    SQ - SQUARE BL - BOULEVARD    MP - MILEPOST    ST - STREET CR - CIRCLE    OV - OVAL    TE - TERRACE CT - COURT    PK - PARKWAY    TL - TRAIL DR - DRIVE    PI - PIKE    WA - WAY HE - HEIGHTS    PL - PLACE	<b>INTERSECTION RELATED</b>  <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			<b>NUMBER OF APPROACHES</b> <b>4</b>
<b>DISTANCE FROM REFERENCE</b>  <b>15</b>		<b>DISTANCE UNIT OF MEASURE</b>  <b>2</b> 1 - MILES 2 - FEET 3 - YARDS					<b>ROADWAY</b>  <input type="checkbox"/> ROADWAY DIVIDED	
<b>LOCATION OF FIRST HARMFUL EVENT</b>  <b>1</b> 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			<b>MANNER OF CRASH COLLISION/IMPACT</b>  <b>6</b> 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 9 - OTHER/UNKNOWN			<b>DIRECTION OF TRAVEL</b>  <input type="checkbox"/> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<b>MEDIAN TYPE</b>  <input type="checkbox"/> 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	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT  <input type="checkbox"/> ACTIVE SCHOOL ZONE		<b>WORK ZONE TYPE</b>  <input type="checkbox"/> 1 - LANE CLOSURE 2 - LANE SHFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	<b>LOCATION OF CRASH IN WORK ZONE</b>  <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			<b>CONTOUR</b> <b>1</b>	<b>CONDITIONS</b> <b>1</b>	<b>SURFACE</b> <b>2</b>
<b>LIGHT CONDITION</b>  <b>1</b> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		<b>WEATHER</b>  <b>1</b> 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					<b>1</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	
<b>NARRATIVE</b>  On 9-3-24 at approximately 6:06 p.m. Unit 2 was traveling southbound on Pleasant Ave in the right most lane at the intersection of Crestwood Ln. Unit 1 was traveling in the northbound lane on Pleasant Ave and made a left turn to travel west on Crestwood Ln. The driver of Unit 1 failed to yield to the right of way of Unit 2 when turning left. Unit 2 struck Unit 1 on the middle passenger side. Unit 1 then left the roadway where Unit 1's front end struck a street sign and rear end struck a guard rail-end. The owner of the street sign and guard rail is The City of Fairfield Public Works. 8870 North Gilmore Rd, Fairfield, Ohio 45014		<b>DIAGRAM</b>				<b>Not To Scale</b>		
<b>CRASH REPORTED DATE/TIME</b>  09/03/2024 18:06		<b>DISPATCH DATE/TIME</b>  09/03/2024 18:07		<b>ARRIVAL DATE/TIME</b>  09/03/2024 18:09		<b>SCENE CLEARED DATE/TIME</b>  09/03/2024 19:30		<b>REPORT TAKEN BY</b>  <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
<b>TOTAL TIME ROADWAY CLOSED</b>  36		<b>OTHER INVESTIGATION TIME</b>  30		<b>TOTAL MINUTES</b>  113	<b>OFFICER'S NAME*</b>  Foster, Sandy III		<b>CHECKED BY OFFICER'S NAME*</b>  Miller, Matthew	
					<b>OFFICER'S BADGE NUMBER*</b>  178		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b>  141	
<b>SUPPLEMENT</b> (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)								

IR24-004805

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) ABRAHAM, ANAIS G	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)  
5752 LINDENWOOD LN, FAIRFIELD, OH 45014COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # KGU8585 VEHICLE IDENTIFICATION # 1G11F5SR7DF129330 VEHICLE YEAR 2013 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY SHELTER MUTUAL INS. CO. INSURANCE POLICY # 34-1-10998011-13 COLOR Red VEHICLE MODEL Malibu

TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNES TOWING	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS <b>2</b>	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <b>PLACARD ID #</b>

1 UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	7 - MOTORCYCLE 8 - MOTORCYCLE 9 - 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 99 - UNKNOWN OR HIT/SKIP
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# OF TRAILING UNITS **0**

2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 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	9 - UNKNOWN
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1 SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN
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1 CARGO BODY TYPE	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 99 - OTHER/UNKNOWN
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1 VEHICLE DEFECTS	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 99 - OTHER/UNKNOWN
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1 NON-MOTORIST LOCATION AT IMPACT	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
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4 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN	6 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 12 - MAKING U-TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - MAKING LEFT TURN 7 - MAKING U-TURN	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON- SPECIFIED LOCATION 21 - STANDING OUTSIDE 22 - OTHER UNKNOWN 23 - APPROACHING OR LEAVING VEHICLE 24 - OTHER UNKNOWN 25 - APPROACHING OR LEAVING VEHICLE 26 - STANDING 27 - OTHER UNKNOWN 28 - APPROACHING OR LEAVING VEHICLE 29 - OTHER UNKNOWN 30 - APPROACHING OR LEAVING VEHICLE 31 - APPROACHING OR LEAVING VEHICLE 32 - APPROACHING OR LEAVING VEHICLE 33 - APPROACHING OR LEAVING VEHICLE 34 - APPROACHING OR LEAVING VEHICLE 35 - APPROACHING OR LEAVING VEHICLE 36 - APPROACHING OR LEAVING VEHICLE 37 - APPROACHING OR LEAVING VEHICLE 38 - APPROACHING OR LEAVING VEHICLE 39 - APPROACHING OR LEAVING VEHICLE 40 - APPROACHING OR LEAVING VEHICLE 41 - APPROACHING OR LEAVING VEHICLE 42 - APPROACHING OR LEAVING VEHICLE 43 - APPROACHING OR LEAVING VEHICLE 44 - APPROACHING OR LEAVING VEHICLE 45 - APPROACHING OR LEAVING VEHICLE 46 - APPROACHING OR LEAVING VEHICLE 47 - APPROACHING OR LEAVING VEHICLE 48 - APPROACHING OR LEAVING VEHICLE 49 - APPROACHING OR LEAVING VEHICLE 50 - APPROACHING OR LEAVING VEHICLE 51 - APPROACHING OR LEAVING VEHICLE 52 - APPROACHING OR LEAVING VEHICLE 53 - APPROACHING OR LEAVING VEHICLE 54 - APPROACHING OR LEAVING VEHICLE 55 - APPROACHING OR LEAVING VEHICLE 56 - APPROACHING OR LEAVING VEHICLE 57 - APPROACHING OR LEAVING VEHICLE 58 - APPROACHING OR LEAVING VEHICLE 59 - APPROACHING OR LEAVING VEHICLE 60 - APPROACHING OR LEAVING VEHICLE 61 - APPROACHING OR LEAVING VEHICLE 62 - APPROACHING OR LEAVING VEHICLE 63 - APPROACHING OR LEAVING VEHICLE 64 - APPROACHING OR LEAVING VEHICLE 65 - APPROACHING OR LEAVING VEHICLE 66 - APPROACHING OR LEAVING VEHICLE 67 - APPROACHING OR LEAVING VEHICLE 68 - APPROACHING OR LEAVING VEHICLE 69 - APPROACHING OR LEAVING VEHICLE 70 - APPROACHING OR LEAVING VEHICLE 71 - APPROACHING OR LEAVING VEHICLE 72 - APPROACHING OR LEAVING VEHICLE 73 - APPROACHING OR LEAVING VEHICLE 74 - APPROACHING OR LEAVING VEHICLE 75 - APPROACHING OR LEAVING VEHICLE 76 - APPROACHING OR LEAVING VEHICLE 77 - APPROACHING OR LEAVING VEHICLE 78 - APPROACHING OR LEAVING VEHICLE 79 - APPROACHING OR LEAVING VEHICLE 80 - APPROACHING OR LEAVING VEHICLE 81 - APPROACHING OR LEAVING VEHICLE 82 - APPROACHING OR LEAVING VEHICLE 83 - APPROACHING OR LEAVING VEHICLE 84 - APPROACHING OR LEAVING VEHICLE 85 - APPROACHING OR LEAVING VEHICLE 86 - APPROACHING OR LEAVING VEHICLE 87 - APPROACHING OR LEAVING VEHICLE 88 - APPROACHING OR LEAVING VEHICLE 89 - APPROACHING OR LEAVING VEHICLE 90 - APPROACHING OR LEAVING VEHICLE 91 - APPROACHING OR LEAVING VEHICLE 92 - APPROACHING OR LEAVING VEHICLE 93 - APPROACHING OR LEAVING VEHICLE 94 - APPROACHING OR LEAVING VEHICLE 95 - APPROACHING OR LEAVING VEHICLE 96 - APPROACHING OR LEAVING VEHICLE 97 - APPROACHING OR LEAVING VEHICLE 98 - APPROACHING OR LEAVING VEHICLE 99 - APPROACHING OR LEAVING VEHICLE
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2 CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	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 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER ACTION	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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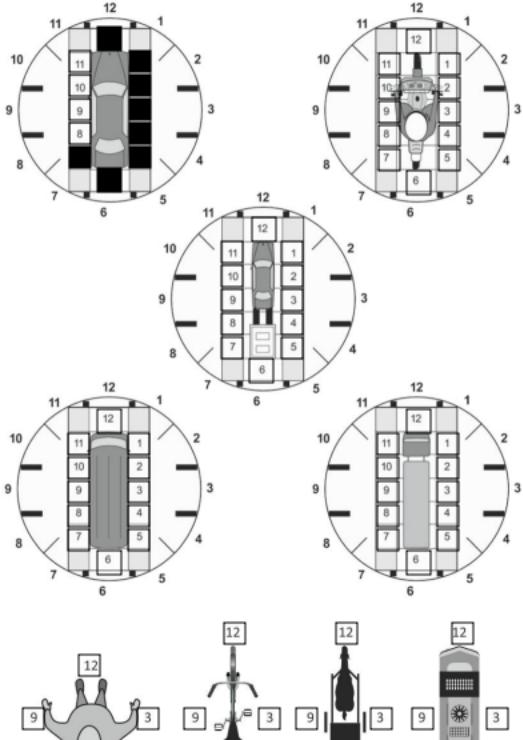
SEQUENCE OF EVENTS

1 20	1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL RUNAWAY 13 - OTHER NON- COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE 21 - PARKED MOTOR VEHICLE 22 - OTHER MOBILE OBJECT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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4 37	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES 40 - SUPPORT 41 - OTHER POST, POLE 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED 55 - OTHER OBJECT 99 - OTHER/UNKNOWN
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5 31	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE 36 - MEDIAN OTHER BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE 42 - CULVERT
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6 1	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT
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DAMAGE		
DAMAGE SCALE		
4	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
		
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]		
INITIAL POINT OF CONTACT		
3	0 - NO DAMAGE 1-12 - REFER TO UNIT 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW 2	1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6
1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER	4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 3	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
RAIL GRADE CROSSING		
1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION		
FROM 2	TO 4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED		
10	1	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
DETECTED SPEED		
35		
POSTED SPEED		

IR24-004805

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) BAKER, JALEN R	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)  
12165 DEERHORN DR, CINCINNATI, OH 45240COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # KHQ1213 VEHICLE IDENTIFICATION # 3FA6P0HDXLR228711 VEHICLE YEAR 2020 VEHICLE MAKE Ford

INSURANCE VERIFIED  INSURANCE COMPANY ALLSTATE INSURANCE INSURANCE POLICY # 826880078 COLOR Grey VEHICLE MODEL Fusion

TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNES TOWING	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT # OCCUPANTS 2		VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	

1 UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	7 - MOTORCYCLE 8 - MOTORCYCLE 9 - 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 99 - UNKNOWN OR HIT/SKIP
0 # OF TRAILING UNITS				

2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 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	9 - UNKNOWN
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1 SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/UNKNOWN
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1 CARGO BODY TYPE	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 99 - OTHER/UNKNOWN
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1 VEHICLE DEFECTS	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	99 - OTHER/UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT	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
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3 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSED 5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN 12 - DRIVERLESS	13 - NEGOTIATING A LANE 14 - ENTERING OR CROSSING 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON- SPECIFIED LOCATION 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - OTHER/UNKNOWN
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1 CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO 9 - IMPROPER LANE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START CLOSE/ACDA POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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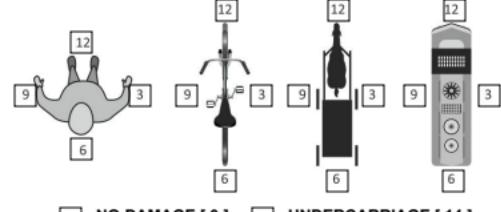
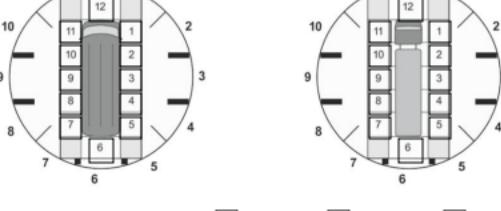
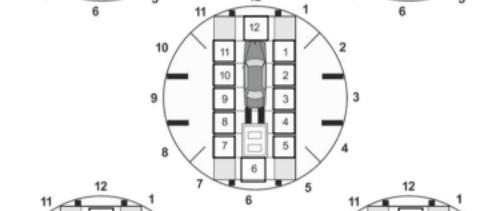
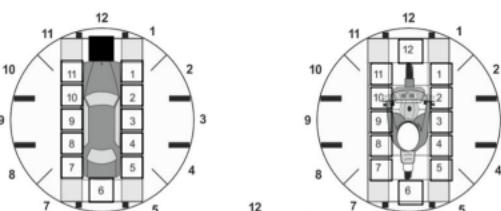
## SEQUENCE OF EVENTS

1 20	1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL RUNAWAY 13 - OTHER NON- COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - OTHER MOVABLE OBJECT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER UNKNOWN
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4 25	IMPACT ATTENUATOR/ CRASH CUSHION	GUARDRAIL END PORTABLE BARRIER MEDIAN CABLE	TRAFFIC SIGN POST OVERHEAD SIGN POST	CURB DITCH EMBANKMENT	WORK ZONE MAINTENANCE EQUIPMENT
5 26	BRIDGE OVERHEAD STRUCTURE	BARRIER	LIGHT/LUMINARIES SUPPORT	FENCE MAILBOX TREE	WALL BUILDING TUNNEL
6 27	BRIDGE PIER OR ABUTMENT	MEDIAN GUARDRAIL BARRIER	OTHER POST, POLE OR SUPPORT	HYDRANT	OTHER FIXED OBJECT
1 1	BRIDGE PARAPET BRIDGE RAIL GUARDRAIL FACE	MEDIAN CONCRETE OTHER BARRIER	CULVERT	99 - OTHER/UNKNOWN	

FIRST HARMFUL EVENT  MOST HARMFUL EVENT

DAMAGE		
DAMAGE SCALE		
4	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY - NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ] - TOP [ 13 ]  - ALL AREAS [ 15 ] - UNIT NOT AT SCENE [ 16 ]

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

TRAFFIC	
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 6
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 3		RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
--	--	---

UNIT SPEED 35	DETECTED SPEED 1
1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED	
POSTED SPEED 35	



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR24-004805

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH				AGE	GENDER	
	1	ABRAHAM, ANAIS G							05/10/2001				23	F	
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE					
5752 LINDENWOOD LN, FAIRFIELD, OH 45014															
INJURIES	INJURED TAKEN BY	EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
3	1	CITY OF FAIRFIELD FIRE								1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
OH				331.17a			Right of Way When Turning Left			2400185702					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	<input type="checkbox"/> STATUS	<input type="checkbox"/> TYPE	VALUE	<input type="checkbox"/> STATUS	<input type="checkbox"/> TYPE	RESULT SELECT UP TO 4		
<input type="checkbox"/> OTHER DRUG					<input type="checkbox"/> OTHER DRUG			<input type="checkbox"/> 1	<input type="checkbox"/> 1	.	<input type="checkbox"/> 1	<input type="checkbox"/> 1			
UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH				AGE	GENDER		
2	BAKER, JALEN R							02/23/1995				29	M		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE					
12165 DEERHORN DR, CINCINNATI, OH 45240															
INJURIES	INJURED TAKEN BY	EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
3	1	CITY OF FAIRFIELD FIRE								1	4	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER					
OH															
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)				
4				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	<input type="checkbox"/> STATUS	<input type="checkbox"/> TYPE	VALUE	<input type="checkbox"/> STATUS	<input type="checkbox"/> TYPE	RESULT SELECT UP TO 4		
<input type="checkbox"/> OTHER DRUG					<input type="checkbox"/> OTHER DRUG			<input type="checkbox"/> 1	<input type="checkbox"/> 1	.	<input type="checkbox"/> 1	<input type="checkbox"/> 1			
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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		
<input type="checkbox"/>	<input type="checkbox"/>														
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<input type="checkbox"/>															
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)				
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<input type="checkbox"/>					<input type="checkbox"/> OTHER DRUG			<input type="checkbox"/> 1	<input type="checkbox"/> 1	.	<input type="checkbox"/> 1	<input type="checkbox"/> 1			
INJURIES	SEATING POSITION	AIR BAG		OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION			TEST STATUS						
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED		1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED			1 - NONE GIVEN						
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT		2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)			2 - TEST REFUSED						
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE		3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HAND-HELD COMMUNICATION DEVICE			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON AN ELECTRONIC DEVICE			4 - TEST GIVEN, RESULTS KNOWN						
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE		5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			5 - TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY		7 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - PASSENGER									
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		8 - THIRD - MIDDLE		7 - EXCEPT CLASS B BUS									
2 - EMS		9 - THIRD - RIGHT		10 - SLEEPER SECTION OF TRUCK CAB		8 - EXCEPT TRACTOR-TRAILER									
3 - POLICE		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		12 - PASSENGER IN UNENCLOSED CARGO AREA		9 - EXCEPT INTERMEDIATE LICENSE RESTRICTIONS									
9 - OTHER / UNKNOWN		13 - TRAILING UNIT		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		10 - EXCEPT LEARNER'S PERMIT RESTRICTIONS									
SAFETY EQUIPMENT		15 - NON-MOTORIST		16 - OUTSIDE MIRROR		11 - EXCEPT DAYLIGHT ONLY									
1 - NONE USED		99 - OTHER / UNKNOWN		17 - PROSTHETIC AID		12 - EXCEPT TO DAYLIGHT ONLY									
2 - SHOULDER BELT ONLY USED				18 - OTHER		13 - EXCEPT MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)									
3 - LAP BELT ONLY USED						14 - EXCEPT MILITARY VEHICLES ONLY									
4 - SHOULDER & LAP BELT USED						15 - EXCEPT MOTOR VEHICLES WITHOUT AIR BRAKES									
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING						16 - EXCEPT OUTSIDE MIRROR									
6 - CHILD RESTRAINT SYSTEM - REAR FACING						17 - EXCEPT PROSTHETIC AID									
7 - BOOSTER SEAT						18 - EXCEPT OTHER									
8 - HELMET USED															
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)															
10 - REFLECTIVE CLOTHING															
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY															
99 - OTHER / UNKNOWN															
TEST STATUS															
ALCOHOL TEST TYPE															
DRUG TEST TYPE															
DRUG TEST RESULT(S)															

IR24-004805

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																						
	1	ABRAHAM-GRIFFIN, KHARTYR AVANNI				09/12/2022		1	F																																																																						
ADDRESS: STREET, CITY, STATE, ZIP 5752 LINDENWOOD LN, FAIRFIELD, OH 45014					CONTACT PHONE - INCLUDE AREA CODE																																																																										
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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																						
	2	BAKER, KALYN				08/24/2019		5	F																																																																						
ADDRESS: STREET, CITY, STATE, ZIP 12165 DEERHORN DR, SPRINGFIELD TWP, OH 45240					CONTACT PHONE - INCLUDE AREA CODE																																																																										
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