



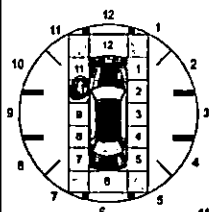
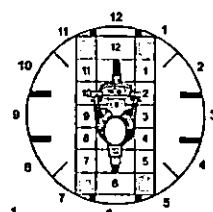
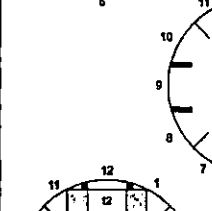
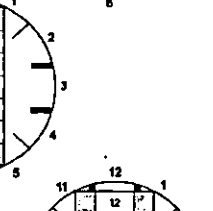
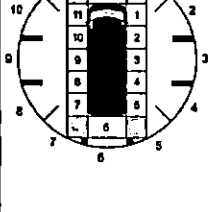
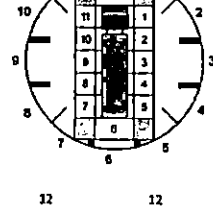
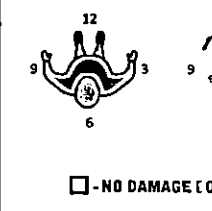
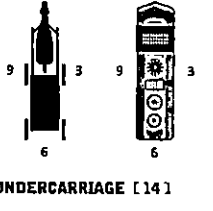
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 0,0,9,0,1	2,3,0,3,5,7,2,7							
COUNTY* 0,9	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0,5,2,1,2,0,2,3,2,0,5,7		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY 3-MINOR INJURY 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 5					
ROUTE TYPE LOCATION	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Lake Michigan			ROAD TYPE D,R	LATITUDE DECIMAL DEGREES 3,9,3,2,2,4,5,2		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY 3-MINOR INJURY 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY				
ROUTE TYPE REFERENCE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5746			ROAD TYPE	LONGITUDE DECIMAL DEGREES 8,4,5,9,0,5,3,7						
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE TYPE IR-INTERSTATE ROUTE (I/P) US-FEDERAL US ROUTE SR-STATE ROUTE CR-NUMBERED COUNTY ROUTE TR-NUMBERED TOWNSHIP ROUTE		ROAD TYPE 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		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY ☐ ROADWAY DIVIDED					
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS		MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN TWO MOTOR VEHICLES IN-TRANSPORT 3-REAR-END 4-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN 1		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, RAISED 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 SHIFT/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 5 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 0,1 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 5/21/2023 at about 8:50 PM Unit 1 was traveling northeast on Lake Michigan Dr. and in so doing failed to exercise reasonable control of the unit and crash into a mailbox belonging to Scott Moormann at 5746. The driver of Unit 1 was also cited with OVI 333.01(a) (1) (A) and 333.01(a) (2)					Indicate the north direction with an "N" on the compass diagram. Not to Scale								
CRASH REPORTED DATE / TIME 0,5,2,1,2,0,2,3,2,0,5,7		DISPATCH DATE / TIME 0,5,2,1,2,0,2,3,2,0,5,9		ARRIVAL DATE / TIME 0,5,2,1,2,0,2,3,2,1,0,4		SCENE CLEARED DATE / TIME 0,5,2,1,2,0,2,3,2,1,4,4		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO RAPS)					
TOTAL TIME ROADWAY CLOSED 0,0,0		OTHER INVESTIGATION TIME 0,0,0		TOTAL MINUTES 0,4,5		OFFICER'S NAME* Larsh, Sam		CHECKED BY OFFICER'S NAME* [Signature]		OFFICER'S BADGE NUMBER* 0,0,0,1,3,4		CHECKED BY OFFICER'S BADGE NUMBER* 1,3,0	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	01					
OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP						
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE						
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	
	OH	HJJ3419	4T13Z A13 B1B18 D1U1017112911		2013	
	INSURANCE VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #	COLOR	
					Black	
	TYPE OF USE	US DOT #		TOWED BY: COMPANY NAME		
	COMMERCIAL	GOVERNMENT	IN EMERGENCY RESPONSE			
	INTERLOCK DEVICE EQUIPPED	#OCCUPANTS		HAZARDOUS MATERIAL		
		01		CLASS # PLACARD ID #		
	UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR			
	01		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER						
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)						
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST						
4 - PICKUP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE						
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN						
6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP						
# OF TRAILING UNITS						
00						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?						
02						
AUTONOMOUS MODE LEVEL						
0						
SPECIAL FUNCTION						
01						
CARGO BODY TYPE						
01						
VEHICLE DEFECTS						
01						
NON-MOTORIST LOCATION AT IMPACT						
03						
ACTION						
01						
CONTRIBUTING CIRCUMSTANCES						
11						
SEQUENCE OF EVENTS						
111						
109						
47						
3						
41						
9						
6						
3						
FIRST HARMFUL EVENT						
3						
MOST HARMFUL EVENT						
3						

LOCAL REPORT NUMBER	
23035727	
DAMAGE	
DAMAGE SCALE	
2	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
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	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
025	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
25	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER											
2 3 0 3 5 7 2 7											
UNIT # 0 1		NAME: LAST, FIRST, MIDDLE Vogel, Jamie				DATE OF BIRTH 0 2 2 3 1 9 7 0		AGE 5 3	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 4457 Muskopf Dr., Fairfield, Ohio, 45014						CONTACT PHONE - INCLUDE AREA CODE L					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.34		LOCAL CODE ☒	OFFENSE DESCRIPTION Failure to Control		CITATION NUMBER 254485			
OL CLASS D	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED ☒ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 6	ALCOHOL TEST STATUS TYPE VALUE 2 3		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 2 3	

LOCAL REPORT NUMBER											
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		CITATION NUMBER			
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 STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

LOCAL REPORT NUMBER											
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		CITATION NUMBER			
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 STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

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 HANDS-FREE 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 HAND-HELD COMMUNICATION DEVICE	4- TEST GIVEN, RESULTS KNOWN	
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOT APPLICABLE	5- MIC MOPED ONLY	5- EXCEPT CLASS A BUS & CLASS B BUS	5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5- TEST GIVEN, RESULTS UNKNOWN	
	6- SECOND - RIGHT SIDE	6- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A	6- TALKING ON HAND-HELD COMMUNICATION DEVICE		
INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE	
1- NOT TRANSPORTED / TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1- NOT EJECTED	OL ENDORSEMENT		7- EXCEPT TRACTOR-TRAILER	1- NONE	
2- EMS	8- THIRD - MIDDLE	2- PARTIALLY EJECTED	M- MOTORCYCLE	8- HAZMAT	8- INTERMEDIATE LICENSE RESTRICTIONS	2- BLOOD	
3- POLICE	9- THIRD - RIGHT SIDE	3- TOTALLY EJECTED	P- PASSENGER	9- SCHOOL BUS	9- LEARNER'S PERMIT RESTRICTIONS	3- URINE	
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	4- NOT APPLICABLE	N- TANKER	10- LIMITED TO DAYLIGHT ONLY	10- LIMITED TO DAYLIGHT ONLY	4- BREATH	
SAFETY EQUIPMENT			TRAPPED			5- OTHER	
1- NONE USED	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS PICK-UP WITH CAP)	1- NOT TRAPPED	Q- MOTOR SCOOTER	11- LIMITED TO EMPLOYMENT	11- LIMITED TO EMPLOYMENT	5- OTHER	
2- SHOULDER BELT ONLY USED	12- PASSENGER IN UNENCLOSED CARGO AREA	2- EXTRICATED BY MECHANICAL MEANS	R- THREE-WHEEL MOTORCYCLE	12- LIMITED - OTHER	12- LIMITED - OTHER	6- DRUG TEST TYPE	
3- LAP BELT ONLY USED	13- TRAILING UNIT	3- FREED BY NON-MECHANICAL MEANS	S- SCHOOL BUS	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1- NONE	
4- SHOULDER & LAP BELT USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T- DOUBLE & TRIPLE TRAILERS	14- MILITARY VEHICLES ONLY	14- MILITARY VEHICLES ONLY	2- BLOOD	
5- CHILD RESTRAINT SYSTEM FORWARD FACING	15- NON-MOTORIST		X- TANKER / HAZMAT	15- MOTOR VEHICLES WITHOUT AIR BRAKES	15- MOTOR VEHICLES WITHOUT AIR BRAKES	3- URINE	
6- CHILD RESTRAINT SYSTEM REAR FACING	99- OTHER / UNKNOWN			16- OUTSIDE MIRROR	16- OUTSIDE MIRROR	4- OTHER	
7- BOOSTER SEAT				17- PROSTHETIC AID	17- PROSTHETIC AID	5- OTHER	
8- HELMET USED				18- OTHER	18- OTHER	6- DRUG TEST RESULT(S)	
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						1- AMPHETAMINES	
10- REFLECTIVE CLOTHING						2- BARBITURATES	
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY						3- BENZODIAZEPINES	
99- OTHER / UNKNOWN						4- CANNABINOIDS	
						5- COCAINE	
						6- OPIATES / OPPIOIDS	
						7- OTHER	
						8- NEGATIVE RESULTS	