

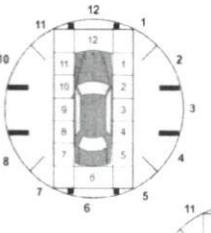
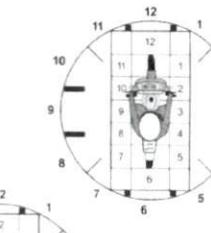
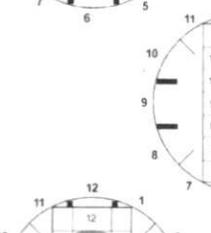
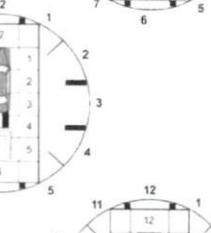
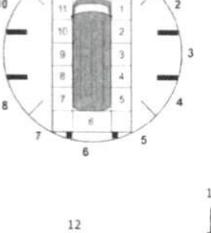
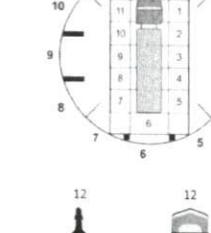
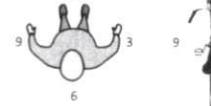


## TRAFFIC CRASH REPORT

\*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			LOCAL INFORMATION			LOCAL REPORT NUMBER*			
			REPORTING AGENCY NAME* NCIC*			2 2 0 0 2 2 0 9			
			Fairfield Police Department 0 0 9 0 1			HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
						1-SOLVED	0 1	98-ANIMAL	
						2-UNRESOLVED		99-UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*			CRASH SEVERITY	
0 9	1 2-VILLAGE 3-TOWNSHIP	City of Fairfield			0 1 1 0 2 0 2 2 1 6 2 8			5	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		2-FATAL 2-SERIOUS INJURY 3-MINOR INJURY 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES			
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED					
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 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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	ROUTE TYPE	ROAD TYPE	ROADWAY					
2 0	1-MILES 2-FEET 3-YARDS	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	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	<input type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE				
1-ON ROADWAY 0 6 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	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	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, RAISED 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		WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE			
		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	3	1	2			
				1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
LIGHT CONDITION			WEATHER						
1-DAYLIGHT 1 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN	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									Indicate the north direction with an "N" on the compass diagram.
On 1/10/2022 at 4:28 p.m. Unit 1 was traveling west on Mack Road near Citadel Drive, when Unit 1 failed to control their vehicle, causing it to cross into oncoming lanes, and stop on an embankment on the south side of Mack Road.									
The driver of Unit 1 was also charged with Child Endangerment-537.07C1									SEE OH-2
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 1 1 0 2 0 2 2 1 6 2 8		0 1 1 0 2 0 2 2 1 6 3 0		0 1 1 0 2 0 2 2 1 6 3 3		0 1 1 0 2 0 2 2 1 7 1 1		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*				
			R. HICKMAN		SGT. C. HARRINGTON				
			OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*				
			1 6 4		1 1 2				

OWNER	UNIT # <u>01</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER																														
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER																																
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																															
LP STATE <u>O H</u>	LICENSE PLATE # <u>HBV4370</u>	VEHICLE IDENTIFICATION # <u>5NPEB4AC9BH040910</u>	VEHICLE YEAR <u>2011</u>																														
INSURANCE VERIFIED		INSURANCE COMPANY	INSURANCE POLICY #																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																														
INTERLOCK EQUIPPED	DEVICE EQUIPPED	#OCCUPANTS <u>02</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																														
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																	
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER/UNKNOWN																																	
AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN																																	
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DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> - NO DAMAGE <u>0</u> <input type="checkbox"/> - UNDERCARRIAGE <u>14</u> <input type="checkbox"/> - TOP <u>13</u> <input type="checkbox"/> - ALL AREAS <u>15</u> <input type="checkbox"/> - UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 1 - REFER TO UNIT DIAGRAM 13 - TOP	
14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFIC FLOW <u>2</u> 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL <u>6</u> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</u>	RAIL GRADE CROSSING <u>1</u> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <u>3</u> TO <u>4</u> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED <u>3</u> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	



# MOTORIST / Non-MOTORIST

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MIDDLE</td> <td>5-NOT APPLICABLE</td> <td>5-M/C MOPED ONLY</td> <td>5-EXCEPT CLASS A BUS</td> <td>5-TEST GIVEN, RESULTS UNKNOWN</td> <td colspan="5">5-TEST GIVEN, RESULTS UNKNOWN</td> </tr> <tr> <td><b>INJURED TAKEN BY</b></td> <td>6-SECOND - RIGHT SIDE</td> <td>6-DEPLOYMENT UNKNOWN</td> <td>6-NO VALID DL</td> <td>6-EXCEPT CLASS A &amp; CLASS B BUS</td> <td>6-TALKING ON HANDS-FREE COMMUNICATION DEVICE</td> <td colspan="5">6-TALKING ON HANDS-FREE COMMUNICATION DEVICE</td> </tr> <tr> <td>1-NOT TRANSPORTED / TREATED AT SCENE</td> <td>7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>7-NOT APPLICABLE</td> <td>7-EXCEPT TRACTOR-TRAILER</td> <td>7-EXCEPT TRACTOR-TRAILER</td> <td>7-TALKING ON HAND-HELD COMMUNICATION DEVICE</td> <td colspan="5">7-TALKING ON HAND-HELD COMMUNICATION DEVICE</td> </tr> <tr> <td>2-EMS</td> <td>8-THIRD - MIDDLE</td> <td>8-NOT APPLICABLE</td> <td>8-INTERMEDIATE LICENSE RESTRICTIONS</td> <td>8-INTERMEDIATE LICENSE RESTRICTIONS</td> <td>8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td> <td colspan="5">8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td> </tr> <tr> <td>3-POLICE</td> <td>9-THIRD - 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4-SHOULDER & LAP BELT USED	4-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	4-NOT APPLICABLE	N - TANKER		4-ILLNESS	4-BREATH																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	5-PASSenger IN UNENCLOSED CARGO AREA	5-NOT APPLICABLE	Q - MOTOR SCOOTER		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-OTHER																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
6-CHILD RESTRAINT SYSTEM - REAR FACING	6-TRAILING UNIT	6-NOT APPLICABLE	R - THREE-WHEEL MOTORCYCLE		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-AMPHETAMINES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
7-BOOSTER SEAT	7-PASSenger IN ENCLOSED CARGO AREA	7-NOT APPLICABLE	S - SCHOOL BUS		7-OTHER / UNKNOWN	6-BARBITURATES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
8-HELMET USED	8-PICK-UP WITH CAP	8-NOT APPLICABLE	T - DOUBLE & TRIPLE TRAILERS		8-OTHER / UNKNOWN	7-BENZODIAZEPINES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-NOT APPLICABLE	15-MOTOR VEHICLES WITHOUT AIR BRAKES		9-OTHER / UNKNOWN	6-OPIATES / OPIOIDS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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FATAL	1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED						2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT						3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE						4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE						5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE						INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN				1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)						2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		EJECTION				3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		1 - NOT EJECTED				9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		2 - PARTIALLY EJECTED				GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		3 - TOTALLY EJECTED				F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		4 - NOT APPLICABLE				M - MALE				13 - TRAILING UNIT		TRAPPED				U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		1 - NOT TRAPPED								15 - NON-MOTORIST		2 - EXTRICATED BY MECHANICAL MEANS								99 - OTHER / UNKNOWN		3 - FREED BY NON-MECHANICAL MEANS				WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH						SLUSHER, KELLY					0 4 2 6 1 9 7 4					ADDRESS:	STREET, CITY, STATE, ZIP					4 7 F					3830 MACK ROAD, FAIRFIELD, OH, 45014					CONTACT PHONE - INCLUDE AREA CODE					WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH											AGE					ADDRESS:	STREET, CITY, STATE, ZIP					0					WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH											AGE					ADDRESS:	STREET, CITY, STATE, ZIP					0					WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH											AGE					ADDRESS:	STREET, CITY, STATE, ZIP					0					WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH											AGE					ADDRESS:	STREET, CITY, STATE, ZIP					0					WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH											AGE					ADDRESS:	STREET, CITY, STATE, ZIP					0					WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH											AGE					ADDRESS:	STREET, CITY, STATE, ZIP					0				
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LOCAL REPORT NUMBER	22002209	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Mack Road near Citadel Drive	1/10/22



MACK ROAD

1

CITADEL DRIVE

NOT TO SCALE

OFFICER'S SIGNATURE

BADGE NO

164