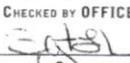
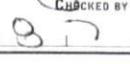


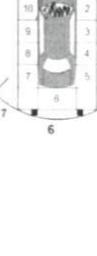
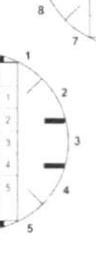
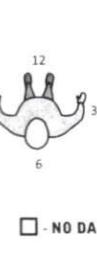
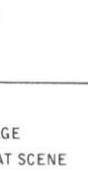


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

			LOCAL REPORT NUMBER*						
			2 2 0 0 9 8 0 7						
<input type="checkbox"/> PHOTOS TAKEN <input checked="" 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		<b>LOCAL INFORMATION</b> <b>REPORTING AGENCY NAME*</b> Fairfield Police Department <b>NCIC*</b> 0 0 9 0 1			<b>HIT/SKIP</b> 2 1-SOLVED 2 2-UNRESOLVED <b>NUMBER OF UNITS</b> 0 2 <b>UNIT IN ERROR</b> 0 1 98-ANIMAL 99-UNKNOWN				
0 9	1	1-CITY 2-VILLAGE 3-TOWNSHIP	<b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> City of Fairfield						
					<b>CRASH DATE / TIME*</b> 0 2 0 8 2 0 2 2 1 6 0 0				
<b>REFERENCE</b>	<b>ROUTE TYPE</b>	<b>ROUTE NUMBER</b>	<b>PREFIX</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST	<b>LOCATION ROAD NAME</b> Dixie	<b>ROAD TYPE</b> H W	<b>LATITUDE DECIMAL DEGREES</b> 3 9 3 3 9 2 1 4			
						<b>LONGITUDE DECIMAL DEGREES</b> -8 4 5 3 3 8 6 1			
<b>REFERENCE POINT</b> 1-INTERSECTION 2-MILE POST 3-HOUSE #	<b>DIRECTION FROM REFERENCE</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST	<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	<b>ROAD TYPE</b> 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	<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA					
<b>DISTANCE FROM REFERENCE</b>	<b>DISTANCE UNIT OF MEASURE</b> 1-MILES 2- FEET 3-YARDS			<b>NUMBER OF APPROACHES</b> <b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED					
<b>LOCATION OF FIRST HARMFUL EVENT</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-ON Curb 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> 1- NOT COLLISION 2- TWO MOTOR VEHICLES IN TRANSPORT 3- REAR-END 4- HEAD-ON		<b>DIRECTION OF TRAVEL</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST				
<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> 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		<b>CONDITON</b> 1 1-DRY 2-WET 3-SNOW 4-ICE 9-OTHER/UNKNOWN			
<b>LIGHT CONDITION</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> 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>SURFACE</b> 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN		
<b>NARRATIVE</b> <p>On 2/8/22 at 4:00 P.M. Unknown unit 1, a semi-truck and trailer was traveling southbound on Dixie Highway at 5161. Unit 2 was also traveling southbound on Dixie Highway at 5161. A patch of ice came off of the top of unit 1 and struck unit 2 causing damage to the windshield.</p>						 Indicate the north direction with an "N" on the compass diagram.			
						See OH-2			
<b>CRASH REPORTED DATE / TIME</b> 0 2 1 0 2 0 2 2 1 4 1 0		<b>DISPATCH DATE / TIME</b> 0 2 1 0 2 0 2 2 1 4 1 4		<b>ARRIVAL DATE / TIME</b> 0 2 1 0 2 0 2 2 1 4 1 5		<b>SCENE CLEARED DATE / TIME</b> 0 2 1 0 2 0 2 2 1 4 2 3		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)	
<b>TOTAL TIME ROADWAY CLOSED</b> 0 0		<b>OTHER INVESTIGATION TIME</b> 2 0		<b>TOTAL MINUTES</b> 2 9		<b>OFFICER'S NAME*</b> N. Davis		<b>CHECKED BY OFFICER'S NAME*</b> 	
						<b>OFFICER'S BADGE NUMBER*</b> 1 6 9		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 	



LOCAL REPORT NUMBER														
2	2	0	0	9	8	0	7							
<b>DAMAGE</b>														
<b>DAMAGE SCALE</b>														
<u>2</u>	1 - NONE			3 - FUNCTIONAL DAMAGE										
2 - MINOR DAMAGE			4 - DISABLING DAMAGE											
9 - UNKNOWN														
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY														
														
														
														
														
<input type="checkbox"/> - NO DAMAGE [0]						<input type="checkbox"/> - UNDERCARRIAGE [14]								
<input checked="" type="checkbox"/> - TOP [13]						<input type="checkbox"/> - ALL AREAS [15]								
<input type="checkbox"/> - UNIT NOT AT SCENE [16]														
<b>INITIAL POINT OF CONTACT</b>														
0 - NO DAMAGE						14 - UNDERCARRIAGE								
<u>1</u>	<u>3</u>	1-12 - REFER TO UNIT DIAGRAM						15 - VEHICLE NOT AT SCENE						
13 - TOP						99 - UNKNOWN								
<b>TRAFFIC</b>														
<b>TRAFFICWAY FLOW</b>						<b>TRAFFIC CONTROL</b>								
1 - ONE-WAY						1 - ROUNDABOUT								
<u>2</u>	2 - TWO-WAY						<u>6</u>	4 - STOP SIGN						
1 - SIGNAL						5 - YIELD SIGN								
3 - FLASHER						6 - NO CONTROL								
<b># OF THROUGH LANES ON ROAD</b>						<b>RAIL GRADE CROSSING</b>								
<u>4</u>							<u>1</u>	1 - NOT INVOLVED						
						2 - INVOLVED-ACTIVE CROSSING								
						3 - INVOLVED-PASSIVE CROSSING								
<b>UNIT / NON-MOTORIST DIRECTION</b>														
FROM <u>1</u> TO <u>2</u>						1 - NORTH								
						5 - NORTHEAST								
						2 - SOUTH								
						6 - NORTHWEST								
						3 - EAST								
						7 - SOUTHEAST								
						4 - WEST								
						8 - SOUTHWEST								
						9 - OTHER/UNKNOWN								
<b>UNIT SPEED</b>						<b>DETECTED SPEED</b>								
<u>3</u>	<u>5</u>							<u>1</u>	1 - STATED/ESTIMATED SPEED					
						2 - CALCULATED/EDR								
						3 - UNDETERMINED								
<b>POSTED SPEED</b>														
<u>3</u>	<u>5</u>													



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER			
	0 1		2 2 0 0 9 8 0 7	0	U			
	ADDRESS: STREET, CITY, STATE, ZIP							
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 9 9	CONTACT PHONE - INCLUDE AREA CODE		
	DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		
	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 9	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
	0 2	Werling, David W				1 2 1 4 1 9 6 3	5 8	M
	ADDRESS: STREET, CITY, STATE, ZIP							
	15 Merlin Dr. Apt. A Fairfield, OH 45014							
MOTORIST / NON-MOTORIST	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	CONTACT PHONE - INCLUDE AREA CODE		
	DL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		
	DL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 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	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	CONTACT PHONE - INCLUDE AREA CODE		
	DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		
	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4
	INJURIES	SEATING POSITION	AIR BAG	DL CLASS	DL 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-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
4-POSSIBLE INJURY		4-SECOND - LEFT SIDE	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	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-TEST GIVEN, RESULTS UNKNOWN		
6-SECOND - RIGHT SIDE		6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS			
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - RIGHT SIDE	7-NO VALID DL	7-EXCEPT TRACTOR-TRAILER			
8-THIRD - MIDDLE		8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-NO VALID DL	8-INTERMEDIATE LICENSE RESTRICTIONS			
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB	9-THIRD - RIGHT SIDE	9-NO VALID DL	9-LEARNER'S PERMIT RESTRICTIONS			
SAFETY EQUIPMENT	EJECTION	DL ENDORSEMENT	GENDER	ALCOHOL TEST TYPE				
	1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	1-NOT DISTRACTED	1-NONE GIVEN			
	2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED			
	3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
	4-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER	4-FARM WAIVER				
	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	Q - MOTOR SCOOTER	5-EXCEPT CLASS A BUS				
	12-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA	R - THREE-WHEEL MOTORCYCLE	6-EXCEPT CLASS A & CLASS B BUS				
	13-TRAILING UNIT	13-TRAILING UNIT	S - SCHOOL BUS	7-EXCEPT TRACTOR-TRAILER				
	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	T - DOUBLE & TRIPLE TRAILERS	8-INTERMEDIATE LICENSE RESTRICTIONS				
	15-NON-MOTORIST	15-NON-MOTORIST	X - TANKER / HAZMAT	9-LEARNER'S PERMIT RESTRICTIONS				
INJURED TAKEN BY	TRAPPED	F - FEMALE	14-MILITARY VEHICLES ONLY	10-OTHER / UNKNOWN				
	99-OTHER / UNKNOWN	1-NOT TRAPPED	M - MALE	15-MOTOR VEHICLES WITHOUT AIR BRAKES				
	9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	2-EXTRICATED BY MECHANICAL MEANS	U - OTHER / UNKNOWN	16-OUTSIDE MIRROR				
	10-REFLECTIVE CLOTHING	3-FREED BY NON-MECHANICAL MEANS		17-PROSTHETIC AID				
	11-LIGHTING - PEDESTRIAN / BICYCLE ONLY			18-OTHER				
	99-OTHER / UNKNOWN							
	CONDITION	1-APPARENTLY NORMAL			1-AMPHETAMINES			
		2-PHYSICAL IMPAIRMENT			2-BARBITURATES			
		3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)			3-BENZODIAZEPINES			
		4-ILLNESS			4-CANNABINOID			
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.				5-COCAIN				
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL				6-OPIATES / OPIOIDS				
9-OTHER / UNKNOWN				7-OTHER				
				8-NEGATIVE RESULTS				
DRUG TEST RESULT(S)	1-NONE							
	2-BLOOD							
	3-URINE							
	4-OTHER							

LOCAL REPORT NUMBER	22-009807	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	2/8/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Dixie Hwy // Nilles Rd. // Stadium Dr.		
<p>DIXIE HWY</p> <p>STADIUM DR.</p> <p>Nilles Rd</p> <p>5161</p> <p>NOT TO SCALE</p> <p>Officer's Signature</p>					
					BADGE NO.
					169