



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

			LOCAL REPORT NUMBER*		
<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY			LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901		
COUNTY* 09 LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP <b>City of Fairfield</b>			CRASH DATE / TIME* 02172022 2300		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Mack	ROAD TYPE RD
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Winton	ROAD TYPE RD
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	ROAD TYPE RD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY
LOCATION OF FIRST HARMFUL EVENT 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			MANNER OF CRASH COLLISION/IMPACT 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		
<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 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			CONTOUR 1	CONDITIONS 2	SURFACE 2
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			WEATHER 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	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN
NARRATIVE <p>Unit 1 was northbound on Winton Rd. attempting to turn right and go East on Mack Rd. Unit 1 lost control, crossing over on-coming lanes, striking the curb, and then coming to rest against a electrical control power box.</p> <p>The electrical control power box is owned by the City of Fairfield. They are located at 5350 Pleasant Ave. Fairfield, OH. 45014. Their telephone number is</p> <p>Unit 1 was also charged with OVI 333.01a1A, a1H (M1).</p>					
 Indicate the north direction with an "N" on the compass diagram. SEE OH-2					
CRASH REPORTED DATE / TIME 02172022 2300		DISPATCH DATE / TIME 02172022 2302		ARRIVAL DATE / TIME 02172022 2304	
SCENE CLEARED DATE / TIME 02172022 2338		REPORT TAKEN BY			
TOTAL TIME ROADWAY CLOSED 0 OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 0 6 6		OFFICER'S NAME* PO Greg Bailes OFFICER'S BADGE NUMBER* 1 2 2	
				CHECKED BY OFFICER'S NAME* D. Pohl CHECKED BY OFFICER'S BADGE NUMBER* 1 3 0	
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)					



## UNIT



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER														
2 2 0 1 1 7 6 1														
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 1	Kil, Chashelle Monshae													
ADDRESS: STREET, CITY, STATE, ZIP														
4540 Lakes Edge Apt 1 West Chester, OH. 45069														
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	
5						0 4	<input type="checkbox"/>			0 1	4	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
O H				331.34A		X	Failure to Control			250013				
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					<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		6			4 4 2 0 4		1 1		
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER
													0	
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"/>							
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
						X								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION			ALCOHOL TEST		DRUG TEST(S)		
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG							SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER
													0	
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"/>							
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
						X								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION			ALCOHOL TEST		DRUG TEST(S)		
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG							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-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE		3-TEST GIVEN, RESULTS KNOWN					
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER		4-TEST GIVEN, RESULTS UNKNOWN		4-TEST GIVEN, RESULTS UNKNOWN					
5-NO APPARENT INJURY	5-SECOND - MIDDLE		5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS		5-EXCEPT CLASS A & CLASS B BUS		5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE					
INJURED TAKEN BY		6-SECOND - RIGHT SIDE		9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS		6-PASSENGER		6-BLOOD				
1-NOT TRANSPORTED /TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1-NOT EJECTED	H-HAZMAT	7-EXCEPT TRACTOR-TRAILER		7-OTHER DISTRACTION INSIDE THE VEHICLE		7-URINE				
2-EMS		8-THIRD - MIDDLE		2-PARTIALLY EJECTED	M-MOTORCYCLE	8-INTERMEDIATE LICENSE RESTRICTIONS		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-BREATH				
3-POLICE		9-THIRD - RIGHT SIDE		3-TOTALLY EJECTED	P-PASSENGER	9-LEARNER'S PERMIT RESTRICTIONS		9-OTHER / UNKNOWN		5-OTHER				
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE	N-TANKER	10-LIMITED TO DAYLIGHT ONLY								
SAFETY EQUIPMENT	TRAPPED		GENDER	COND		TEST STATUS		ALCOHOL TEST TYPE						
1-NONE USED	1-NOT TRAPPED		F-FEMALE	1-APPARENTLY NORMAL		1-NONE		1-NONE						
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS		M-MALE	2-PHYSICAL IMPAIRMENT		2-BLOOD		2-BLOOD						
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS		U-OTHER/UNKNOWN	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3-URINE		3-URINE						
4-SHOULDER & LAP BELT USED	4-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			4-ILLNESS		4-OTHER		4-OTHER						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	5-NON-MOTORIST			5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-AMPHETAMINES		5-AMPHETAMINES						
6-CHILD RESTRAINT SYSTEM - REAR FACING	6-OTHER / UNKNOWN			6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		5-BARBITURATES		5-BARBITURATES						
7-BOOSTER SEAT	7-REFLECTIVE CLOTHING			9-OTHER / UNKNOWN		3-BENZODIAZEPINES		3-BENZODIAZEPINES						
8-HELMET USED	8-LIGHTING - PEDESTRIAN / BICYCLE ONLY					4-CANNABINOID		4-CANNABINOID						
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9-OTHER / UNKNOWN					5-COCAIN		5-COCAIN						
10-REFLECTIVE CLOTHING	10-REFLECTIVE CLOTHING					6-OPIATES / OPIOIDS		6-OPIATES / OPIOIDS						
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-LIGHTING - PEDESTRIAN / BICYCLE ONLY					7-OTHER		7-OTHER						
99-OTHER / UNKNOWN	99-OTHER / UNKNOWN					8-NEGATIVE RESULTS		8-NEGATIVE RESULTS						

NUMBER PD-22-011761

FAIRFIELD P.D. 00901

M 2 10 17 14 22

COUNTY OF

BUTLER

ACCIDENT  
LOCATION

MACK RD @ Winton RD

ONLY ONLY

WINTON ROAD



NOT TO SCALE

Electrical Control  
Box

MACK ROAD

ONLY

ONLY

ONLY ONLY

OFFICERS SIGNATURE

PO Greg Briles

BADGE NO.

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