



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER*				
<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901				2 2 0 1 4 3 6 1		
COUNTY* 0 9 LOCALITY* 1-CITY 1 2-VILLAGE 1 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 1	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME ROSS	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.309224	CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 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 #) 6260	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.504585		
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 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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS						ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
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 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT 5 - REAR-END 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - OTHER / UNKNOWN			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	
<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 SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 2 3 4 5 6 7 8 9 - OTHER/UNKNOWN	CONDITIONS 1 2 3 4 5 6 7 8 9 - OTHER/UNKNOWN	SURFACE 1 2 3 4 5 6 7 8 9 - OTHER/UNKNOWN
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				
NARRATIVE <p>On 02/28/2022 at about 3:00 A.M., Unit #1 drove off the road at 6260 Ross Rd. Unit #1 struck the mail box for 6260 Ross Rd., a boulder at the same address, both of the trash cans for the same address, a "park entrance" sign and then drove back into the roadway before stopping. The driver left the scene without notifying law enforcement.</p> <p>Lawrence J. Wolfe, 6260 Ross Rd. Fairfield, OH 45014 - , owns the mailbox, boulder and trash cans. The City of Fairfield, 5350 Pleasant Ave. Fairfield, OH 45014 - owns the "park entrance" sign.</p> <p>The driver of Unit 1 was also charged for Leaving the scene (FCO 335.12a) and No-OL (FCO 335.01) .</p>								
CRASH REPORTED DATE / TIME 0 2 2 8 2 0 2 2 0 3 1 7		DISPATCH DATE / TIME 0 2 2 8 2 0 2 2 0 3 2 1		ARRIVAL DATE / TIME 0 2 2 8 2 0 2 2 0 3 2 3		SCENE CLEARED DATE / TIME 0 2 2 8 2 0 2 2 0 4 1 2		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
TOTAL TIME ROADWAY CLOSED 0 0		OTHER INVESTIGATION TIME 1 5		TOTAL MINUTES 6 6		OFFICER'S NAME* M. MAJOR OFFICER'S BADGE NUMBER* 1 6 2		
						CHECKED BY OFFICER'S NAME* <i>D. Pohl</i> CHECKED BY OFFICER'S BADGE NUMBER* <i>1 3 0</i>		

MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER										
										2 2 0 1 4 3 6 1			DATE OF BIRTH			AGE			GENDER	
UNIT # NAME: LAST, FIRST, MIDDLE 0 1 TORRES DE VALLE, MARIO, ROBERTO										0 4 0 3 1 9 9 6			2 5			M				
ADDRESS: STREET, CITY, STATE, ZIP 1 BRITTANY LN, FAIRFIELD, OHIO 45014										CONTACT PHONE - INCLUDE AREA CODE										
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	9 9	DOT-Compliant MC HELMET	SEATING POSITION	2	AIR BAG USAGE	1	EJECTION	1					
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	X	OFFENSE DESCRIPTION		CITATION NUMBER									
	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	9	ALCOHOL / DRUG SUSPECTED		□ ALCOHOL	□ MARIJUANA	9	CONDITION	ALCOHOL TEST	STATUS	TYPE	VALUE	DRUG TEST(S)	RESULT SELECT UP TO 4		
							□ OTHER DRUG					1	1		1	1				
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH			AGE			GENDER		
													0							
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	□	DOT-Compliant MC HELMET	SEATING POSITION	2	AIR BAG USAGE	1	EJECTION	1					
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	□	OFFENSE DESCRIPTION		CITATION NUMBER									
	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	9	ALCOHOL / DRUG SUSPECTED		□ ALCOHOL	□ MARIJUANA	9	CONDITION	ALCOHOL TEST	STATUS	TYPE	VALUE	DRUG TEST(S)	RESULT SELECT UP TO 4		
							□ OTHER DRUG					1	1		1	1				
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH			AGE			GENDER		
													0							
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	□	DOT-Compliant MC HELMET	SEATING POSITION	2	AIR BAG USAGE	1	EJECTION	1					
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	□	OFFENSE DESCRIPTION		CITATION NUMBER									
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							□ OTHER DRUG					1	1		1	1				
MOTORIST / NON-MOTORIST	INJURIES	SEATING POSITION	AIR BAG	DL 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- MIC MOVED ONLY	5- EXCEPT CLASS A BUS	5- TALKING ON HANDS-FREE COMMUNICATION DEVICE	5- TEST GIVEN, RESULTS UNKNOWN														
INJURED TAKEN BY	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS	6- TALKING ON HAND-HELD COMMUNICATION DEVICE	6- TEST GIVEN, RESULTS UNKNOWN														
1- NOT TRANSPORTED / TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7- NOT EJECTED	H- HAZMAT	7- EXCEPT TRACTOR-TRAILER	7- TALKING ON HAND-HELD COMMUNICATION DEVICE	7- TEST GIVEN, RESULTS UNKNOWN														
2- EMS	8- THIRD - MIDDLE	2- PARTIALLY EJECTED	M- MOTORCYCLE	8- INTERMEDIATE LICENSE RESTRICTIONS	8- TALKING ON HAND-HELD COMMUNICATION DEVICE	8- TEST GIVEN, RESULTS UNKNOWN														
3- POLICE	9- THIRD - RIGHT SIDE	3- TOTALLY EJECTED	P- PASSENGER	9- LEARNER'S PERMIT RESTRICTIONS	9- TALKING ON HAND-HELD COMMUNICATION DEVICE	9- TEST GIVEN, RESULTS UNKNOWN														
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	4- NOT APPLICABLE	N- TANKER	10- LIMITED TO DAYLIGHT ONLY	10- TALKING ON HAND-HELD COMMUNICATION DEVICE	10- TEST GIVEN, RESULTS UNKNOWN														
SAFETY EQUIPMENT	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	TRAPPED	Q- MOTOR SCOOTER	11- LIMITED TO EMPLOYMENT	11- TALKING ON HAND-HELD COMMUNICATION DEVICE	11- TEST GIVEN, RESULTS UNKNOWN														
1- NONE USED	12- PASSENGER IN UNENCLOSED CARGO AREA	1- NOT TRAPPED	R- THREE-WHEEL MOTORCYCLE	12- LIMITED - OTHER	12- TALKING ON HAND-HELD COMMUNICATION DEVICE	12- TEST GIVEN, RESULTS UNKNOWN														
2- SHOULDER BELT ONLY USED	13- TRAILING UNIT	2- EXTRICATED BY MECHANICAL MEANS	S- SCHOOL BUS	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13- TALKING ON HAND-HELD COMMUNICATION DEVICE	13- TEST GIVEN, RESULTS UNKNOWN														
3- LAP BELT ONLY USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3- FREED BY NON-MECHANICAL MEANS	T- DOUBLE & TRIPLE TRAILERS	14- MILITARY VEHICLES ONLY	14- TALKING ON HAND-HELD COMMUNICATION DEVICE	14- TEST GIVEN, RESULTS UNKNOWN														
4- SHOULDER & LAP BELT USED	15- NON-MOTORIST		X- TANKER / HAZMAT	15- MOTOR VEHICLES WITHOUT AIR BRAKES	15- TALKING ON HAND-HELD COMMUNICATION DEVICE	15- TEST GIVEN, RESULTS UNKNOWN														
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	99- OTHER / UNKNOWN			16- OUTSIDE MIRROR	16- TALKING ON HAND-HELD COMMUNICATION DEVICE	16- TEST GIVEN, RESULTS UNKNOWN														
6- CHILD RESTRAINT SYSTEM - REAR FACING				17- PROSTHETIC AID	17- TALKING ON HAND-HELD COMMUNICATION DEVICE	17- TEST GIVEN, RESULTS UNKNOWN														
7- BOOSTER SEAT				18- OTHER	18- TALKING ON HAND-HELD COMMUNICATION DEVICE	18- TEST GIVEN, RESULTS UNKNOWN														
8- HELMET USED																				
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																				
10- REFLECTIVE CLOTHING																				
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY																				
99- OTHER / UNKNOWN																				
										CONDITION	1- APPARENTLY NORMAL									
										2- PHYSICAL IMPAIRMENT	2- TEST REFUSED									
										3- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE									
										4- ILLNESS	4- TEST GIVEN, RESULTS UNKNOWN									
										5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	5- TEST GIVEN, RESULTS UNKNOWN									
										6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6- TEST GIVEN, RESULTS UNKNOWN									
										7- OTHER	7- TEST GIVEN, RESULTS UNKNOWN									
										8- NEGATIVE RESULTS	8- TEST GIVEN, RESULTS UNKNOWN									

LOCAL REPORT NUMBER	22-014361	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	6260 ROSS RD	2/28/22
OFFICER'S SIGNATURE			PO M. MAJOR	BADGE NO. 162