



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	2 2 0 1 8 4 4 2	
				Fairfield Police Department		0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS
							1 - SOLVED	0 1
							2 - UNSOLVED	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		City of Fairfield		CRASH DATE / TIME*		CRASH SEVERITY
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP					0 3 1 5 2 0 2 2 0 2 1 7		1 - FATAL
ROUTE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	2 - SERIOUS INJURY SUSPECTED
				Camelot		D R	3 9 3 2 6 9 9 6	3 - MINOR INJURY SUSPECTED
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	4 - INJURY POSSIBLE
				5479			- 8 4 5 3 1 2 3 1	5 - PROPERTY DAMAGE ONLY
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED		
3 - 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		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		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		
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 - 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	MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL			MEDIAN TYPE
0 6		1	1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 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 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	4	1	2
4	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER	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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
LIGHT CONDITION		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				
<p>NARRATIVE</p> <p>On 03/15/22 at 2:17 A.M. Unit 1 was traveling south on Camelot Dr. Unit 1 failed to control their vehicle and went off the roadway right, striking a large rock, a wood barrier, and another large rock. Unit 1 crossed over the roadway and ran off the road left, striking another large rock. Unit 1 left the scene southbound and broke down in the front yard of 5536 Crestview Dr.</p> <p>The driver of Unit 1 was arrested for Operation of a Motor Vehicle While Under the Influence 333.01 a)(1)(A), Driving Without a License 335.01 (a)(1), and Failure to Stop After an Accident 335.13(a)(1) The owner of the rocks and wood barriers is Camelot East Apartments.</p> <p>1400 Sherwood Dr. Fairfield, OH 45014</p>								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 3 1 5 2 0 2 2 0 2 1 7		0 3 1 5 2 0 2 2 0 2 2 3		0 3 1 5 2 0 2 2 0 2 2 3		0 3 1 5 2 0 2 2 0 3 0 4		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
			D. Miller		D. Pohl		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)	
0	6 0	1 0 1	1 6 7		1 3 0			
CHECKED BY OFFICER'S BADGE NUMBER*								



Indicate the north direction with an "N" on the compass diagram.

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER																																			
	0 1	Orrego, Alex		_____																																			
OWNER ADDRESS:	STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER																																						
4 Merlin Dr., Apt. D, Fairfield, OH, 45014																																							
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP																																							
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																							
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE																																			
O H	JCD9763	1N14AL3AP4DC174513	2013	Nissan																																			
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #	COLOR																																			
				Black																																			
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME																																				
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	Wayne's Garage																																				
INTERLOCK DEVICE EQUIPPED		#OCCUPANTS	HAZARDOUS MATERIAL																																				
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4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION																																			
5 - UNSAFE SPEED	11 - DROVE OFF ROAD																																						
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LOCAL REPORT NUMBER	
2 2 0 1 8 4 4 2	
DAMAGE	
DAMAGE SCALE	
4	1 - NONE
	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE
	4 - DISABLING DAMAGE
	9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered damage areas: 1 (front left), 2 (front center), 3 (front right), 4 (side left), 5 (side center), 6 (side right	



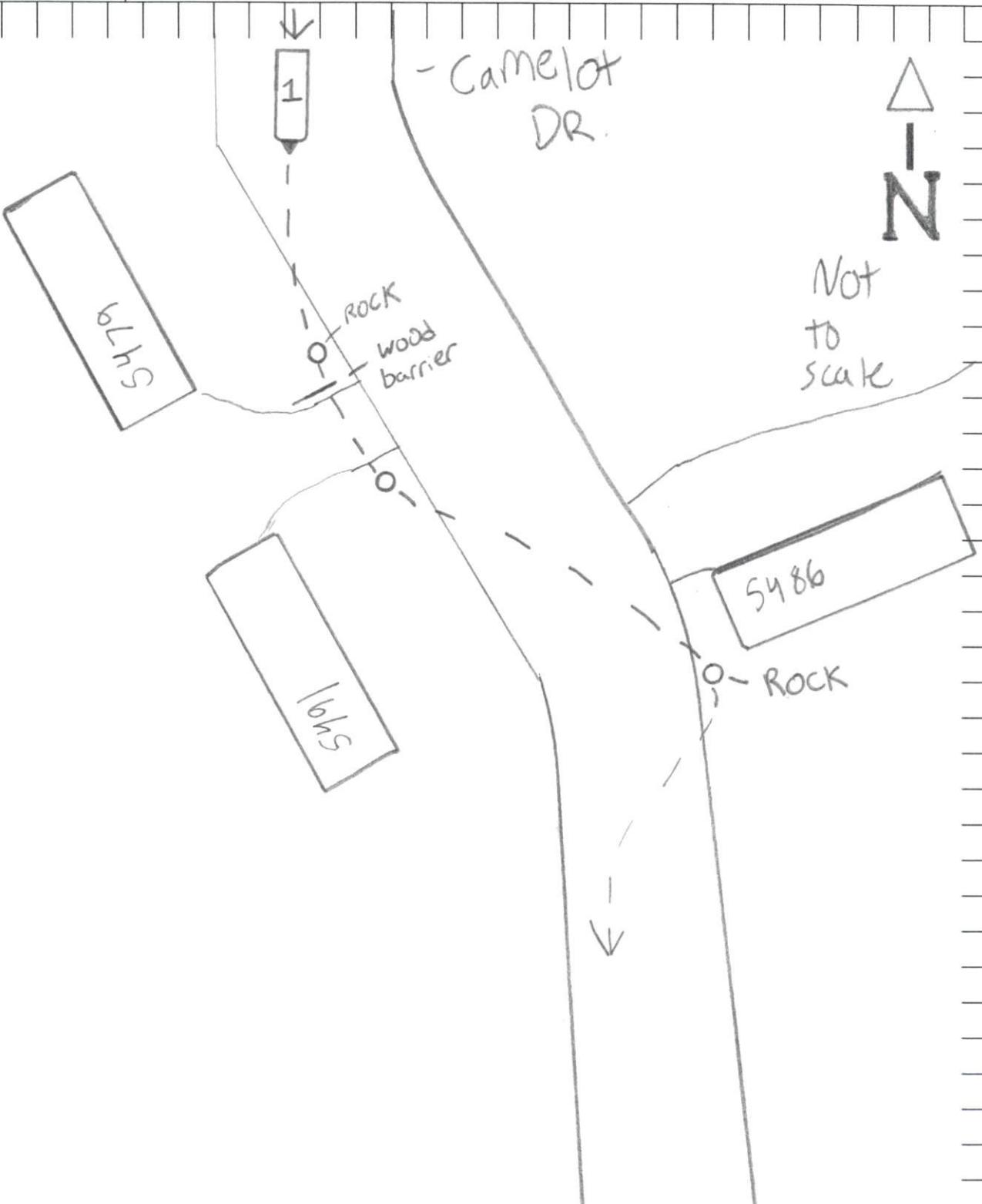
MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER					
										2 2 0 1 8 4 4 2				DATE OF BIRTH	
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE Rodriguez Ramirez, Elvis, Rosember									0 1 3 1 2 0 0 4	1 8	M		
	ADDRESS: STREET, CITY, STATE, ZIP 5252 Camelot Dr., Apt. K, Fairfield, OH, 45014										CONTACT PHONE - INCLUDE AREA CODE				
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	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 331.34 (A)		LOCAL CODE □	OFFENSE DESCRIPTION Failure To Control		CITATION NUMBER 230346					
	OL CLASS 6	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 6	ALCOHOL TEST STATUS 4 TYPE 4 VALUE 2 0 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4				
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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										
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 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										
INJURED TAKEN BY	6-SECOND- RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS											
1- NOT TRANSPORTED / TREATED AT SCENE	7-THIRD- LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD- MIDDLE	7-EXCEPT TRACTOR-TRAILER												
2- EMS	8-THIRD- RIGHT SIDE	8-TOTALLY EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS												
3- POLICE	9-THIRD- RIGHT SIDE	9-NOT APPLICABLE	9-LEARNER'S PERMIT RESTRICTIONS												
9- OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	EJECTION	10-LIMITED TO DAYLIGHT ONLY												
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-PASSENGER	11-LIMITED TO EMPLOYMENT												
1- NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	12-PARTIALLY EJECTED	12-LIMITED - OTHER												
2- SHOULDER BELT ONLY USED	13-TRAILING UNIT	13-TOTALLY EJECTED	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)												
3- LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-NOT APPLICABLE	14-MILITARY VEHICLES ONLY												
4- SHOULDER & LAP BELT USED	15-NON-MOTORIST	15-NOT TRAPPED	15-MOTOR VEHICLES WITHOUT AIR BRAKES												
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN	16-EXTRICATED BY MECHANICAL MEANS	16-OUTSIDE MIRROR												
6- CHILD RESTRAINT SYSTEM - REAR FACING		17-FREE BY NON-MECHANICAL MEANS	17-PROSTHETIC AID												
7- BOOSTER SEAT		TRAPPED	18-OTHER												
8- HELMET USED		ENDERSONMENT													
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		TRAPPED													
10- REFLECTIVE CLOTHING		ENDERSONMENT													
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY		ENDERSONMENT													
99- OTHER / UNKNOWN		ENDERSONMENT													
CONDITON	1- APPARENTLY NORMAL	2- PHYSICAL IMPAIRMENT	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)												
4- ILLNESS	4- FELL ASLEEP, FAINTED, FATIGUED, ETC.	5- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6- OTHER / UNKNOWN												
6- OTHER / UNKNOWN	7- OTHER	8- OTHER / UNKNOWN	9- OTHER / UNKNOWN												
DRUG TEST TYPE	1- NONE	2- BLOOD	3- URINE												
4- BREATH	5- OTHER														
DRUG TEST RESULT(S)	1- AMPHETAMINES	2- BARBITURATES	3- BENZODIAZEPINES												
4- COCAINE	4- CANNABINOID	5- OPIATES / OPIOIDS	6- OTHER												
7- OTHER	7- NEGATIVE RESULTS														



OCCUPANT / WITNESS ADDENDUM

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	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)																																																																											
	8 - HELMET USED	8 - THIRD - MIDDLE																																																																											
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE																																																																											
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB																																																																											
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)																																																																											
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA																																																																											
		13 - TRAILING UNIT																																																																											
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)																																																																											
		15 - NON-MOTORIST																																																																											
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LOCAL REPORT NUMBER	PD-22-018442	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	3/15/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	5479 Camelot Dr. Fairfield, OH 45014		
					
OFFICER'S SIGNATURE			D. Miller		BADGE NO 167