

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION		2 2 0 2 2 4 5 3				
REPORTING AGENCY NAME*		NCIC*		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 0 1	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN		
Fairfield Police Department		0 0 9 0 1		CRASH DATE / TIME*		CRASH SEVERITY			
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		0 3 2 8 2 0 2 2 2 3 5 3		3			
0 9	1 2-VILLAGE 3-TOWNSHIP	City of Fairfield				1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES				
		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	River	R D	3 9 . 3 3 7 9 1				
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES				
		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5520		- 8 4 . 5 7 7 4 6				
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 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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE			ROADWAY					
	1 - MILES 2 - FEET 3 - YARDS			<input type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE			
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 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 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 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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 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		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
NARRATIVE On 03/28/22 at around 11:53 p.m., Unit 1 was traveling westbound on River Rd. and when at Suwannee Dr., ran off of the road. Unit 1 then collided with a mailbox and tree at 5520 River Rd. Unit 1 continued on westbound, rolled over, and collided with a mailbox and a telephone pole at 5526 River Rd. Unit 1 then collided with a tree in the front yard of 5526 River Rd. and came to rest. The driver of Unit 1, Kurtis Keller, was charged with: OVI (FCO 333.01 a1A), OVI Refusal (FCO 333.01 a2), Safety Belt (FCO 337.27 b1) & Reasonable Control of Motor Vehicle (FCO 333.08 a). The owner of the mailbox and tree at 5520 River Rd. is Neil Watkins The owner of the mailbox and tree at 5526 River Rd. is Brian Schiering				Indicate the north direction with an "N" on the compass diagram.  ***SEE OH-2***					
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 3 2 8 2 0 2 2 2 3 5 3		0 3 2 8 2 0 2 2 2 3 5 5		0 3 2 8 2 0 2 2 2 3 5 7		0 3 2 9 2 0 2 2 0 1 2 0		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*		OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*	
8 7		8 5	O. Eckstein	[Signature]		1 6 5		1 4 1	
<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO JSPS)									



OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER	
	01				
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER				
EVENT(S)	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	OH	JCC8654	1GCVKREH9E241346	2014	Chevrolet
VEHICLE	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		Progressive	948669525	White	Silverado
VEHICLE	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	
VEHICLE	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
			01	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	
VEHICLE	VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS MATERIAL		
	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
VEHICLE	UNIT TYPE		HAZARDOUS MATERIAL		
	04				
VEHICLE	# OF TRAILING UNITS		HAZARDOUS MATERIAL		
	0				
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		HAZARDOUS MATERIAL		
	2				
VEHICLE	AUTONOMOUS MODE LEVEL		HAZARDOUS MATERIAL		
	01				
VEHICLE	SPECIAL FUNCTION		HAZARDOUS MATERIAL		
	01				
VEHICLE	CARGO BODY TYPE		HAZARDOUS MATERIAL		
	01				
VEHICLE	VEHICLE DEFECTS		HAZARDOUS MATERIAL		
	01				
VEHICLE	NON-MOTORIST LOCATION AT IMPACT		HAZARDOUS MATERIAL		
	01				
VEHICLE	ACTION		HAZARDOUS MATERIAL		
	01				
VEHICLE	CONTRIBUTING CIRCUMSTANCES		HAZARDOUS MATERIAL		
	01				
VEHICLE	SEQUENCE OF EVENTS		HAZARDOUS MATERIAL		
	01				
VEHICLE	NON-COLLISION		HAZARDOUS MATERIAL		
	01				
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK		HAZARDOUS MATERIAL		
	01				
VEHICLE	FIRST HARMFUL EVENT		MOST HARMFUL EVENT		
	2		4		

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





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 2 2 4 5 3									
UNIT # NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
0 1 Keller, Kurtis, Deakyne					1 0 1 8 1 9 9 1		3 0	M	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
2871 Crest Rd., Cincinnati, OH 45251									
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
3	2	Fairfield FD	Fort Hamilton	0 1	<input type="checkbox"/>	0 1	4	1	3
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
O H			FCO 333.08a	<input checked="" type="checkbox"/>	Reasonable Control		250412		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)
4			1	<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		6	STATUS TYPE VALUE	STATUS TYPE RESULT SELECT UP TO 4	
							2 1	1 1	

  

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							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		
				<input type="checkbox"/>					
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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 - COL 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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	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 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE			1 - NOT EJECTED			1 - NONE	
2 - EMS			2 - PARTIALLY EJECTED			2 - BLOOD	
3 - POLICE			3 - TOTALLY EJECTED			3 - URINE	
9 - OTHER / UNKNOWN			4 - NOT APPLICABLE			4 - BREATH	
SAFETY EQUIPMENT			TRAPPED			5 - OTHER	
1 - NONE USED			1 - NOT TRAPPED			DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED			2 - EXTRICATED BY MECHANICAL MEANS			1 - NONE	
3 - LAP BELT ONLY USED			3 - FREED BY NON-MECHANICAL MEANS			2 - BLOOD	
4 - SHOULDER & LAP BELT USED						3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING						4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING							
7 - BOOSTER SEAT						CONDITION	
8 - HELMET USED						1 - APPARENTLY NORMAL	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						2 - PHYSICAL IMPAIRMENT	
10 - REFLECTIVE CLOTHING						3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						4 - ILLNESS	
99 - OTHER / UNKNOWN						5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	
						6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	
						9 - OTHER / UNKNOWN	
						DRUG TEST RESULT(S)	
						1 - AMPHETAMINES	
						2 - BARBITURATES	
						3 - BENZODIAZEPINES	
						4 - CANNABINOIDS	
						5 - COCAINE	
						6 - OPIATES / OPIOIDS	
						7 - OTHER	
						8 - NEGATIVE RESULTS	

  

GENDER	
F - FEMALE	
M - MALE	
U - OTHER / UNKNOWN	

  

CONDITION	
1 - APPARENTLY NORMAL	
2 - PHYSICAL IMPAIRMENT	
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	
4 - ILLNESS	
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	
9 - OTHER / UNKNOWN	

  

TEST STATUS	
1 - NONE GIVEN	
2 - TEST REFUSED	
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	
4 - TEST GIVEN, RESULTS KNOWN	
5 - TEST GIVEN, RESULTS UNKNOWN	

  

ALCOHOL TEST TYPE	
1 - NONE	
2 - BLOOD	
3 - URINE	
4 - BREATH	
5 - OTHER	

  

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1 - NONE GIVEN	
2 - TEST REFUSED	
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	
4 - TEST GIVEN, RESULTS KNOWN	
5 - TEST GIVEN, RESULTS UNKNOWN	

  

ALCOHOL TEST TYPE	
1 - NONE	
2 - BLOOD	
3 - URINE	
4 - BREATH	
5 - OTHER	

  

DRUG TEST TYPE	
1 - NONE	
2 - BLOOD	
3 - URINE	
4 - OTHER	

  

CONDITION	
1 - APPARENTLY NORMAL	
2 - PHYSICAL IMPAIRMENT	
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	
4 - ILLNESS	
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	
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LOCAL REPORT NUMBER	22022453	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	5520 River Rd., Fairfield, OH 45014	
<p>The telephone pole that was struck at 5526 River Rd. belongs to Duke Energy at 1199 Nilles Rd., Fairfield, OH 45014; . The pole number was B27186RT.</p>				
			OFFICER'S SIGNATURE	BADGE NO 165

LOCAL REPORT NUMBER PD-22-022453	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 3/28/22
IN COUNTY OF Butler	ACCIDENT LOCATION 5520 River Rd., Fairfield, OH 45014	

