



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 2 0 2 3 6 1 5		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP
		<input type="checkbox"/> PRIVATE PROPERTY		Fairfield Police Department		0 0 9 0 1		1 - SOLVED
								2 - UNSOLVED
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME*		CRASH SEVERITY
0 9	1	City of Fairfield				0 4 0 2 2 0 2 2 2 0 1 2		5
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE		LATITUDE DECIMAL DEGREES
				PORT UNION		R D		3 9 . 3 3 4 3 9 0
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE		LONGITUDE DECIMAL DEGREES
				3840				- 8 4 . 4 9 0 9 3 0
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED	
1 - INTERSECTION	1 - NORTH		IR - INTERSTATE ROUTE (TP)		AL - ALLEY		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	
2 - MILE POST	2 - SOUTH		US - FEDERAL US ROUTE		AV - AVENUE		<input type="checkbox"/> WITHIN INTERCHANGE AREA	
3 - HOUSE #	3 - EAST		SR - STATE ROUTE		BL - BOULEVARD		NUMBER OF APPROACHES	
	4 - WEST		CR - NUMBERED COUNTY ROUTE		CR - CIRCLE			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE		TR - NUMBERED TOWNSHIP ROUTE		CT - COURT			
	1 - MILES				DR - DRIVE			
	2 - FEET				HE - HEIGHTS			
	3 - YARDS				PL - PLACE			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL
1 - ON ROADWAY				1 - NOT COLLISION				1 - NORTH
2 - ON SHOULDER				4 - REAR-TO-REAR				2 - SOUTH
3 - IN MEDIAN				BETWEEN				3 - EAST
4 - ON ROADSIDE				TWO MOTOR				4 - WEST
5 - ON GORE				VEHICLES IN				
6 - OUTSIDE TRAFFIC WAY				TRANSPORT				
7 - ON RAMP				2 - REAR-END				
8 - OFF RAMP				3 - HEAD-ON				
9 - CROSSOVER				4 - BACKING				
10 - DRIVEWAY/ALLEY ACCESS				6 - ANGLE				
11 - RAILWAY GRADE CROSSING				7 - SIDESWIPE, SAME DIRECTION				
12 - SHARED USE PATHS OR TRAILS				8 - SIDESWIPE, OPPOSITE DIRECTION				
13 - BIKE LANE				9 - OTHER / UNKNOWN				
14 - TOLL BOOTH								
99 - OTHER / UNKNOWN								
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR		CONDITIONS
<input type="checkbox"/> WORKERS PRESENT		1 - LANE CLOSURE		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN		1		2
<input type="checkbox"/> LAW ENFORCEMENT PRESENT		2 - LANE SHIFT/CROSSOVER		2 - ADVANCE WARNING AREA		2		2
<input type="checkbox"/> ACTIVE SCHOOL ZONE		3 - WORK ON SHOULDER OR MEDIAN		3 - TRANSITION AREA		1 - STRAIGHT LEVEL		1 - DRY
		4 - INTERMITTENT OR MOVING WORK		4 - ACTIVITY AREA		2 - STRAIGHT GRADE		2 - WET
		5 - OTHER		5 - TERMINATION AREA		3 - CURVE LEVEL		3 - SNOW
						4 - CURVE GRADE		4 - ICE
						9 - OTHER/UNKNOWN		5 - SAND, MUD, DIRT, OIL, GRAVEL
								6 - WATER (STANDING, MOVING)
								7 - SLUSH
								9 - OTHER/UNKNOWN
LIGHT CONDITION		WEATHER						
1 - DAYLIGHT		1 - CLEAR						
2 - DAWN/DUSK		2 - CLOUDY						
3 - DARK - LIGHTED ROADWAY		3 - FOG, SMOG, SMOKE						
4 - DARK - ROADWAY NOT LIGHTED		4 - RAIN						
5 - DARK - UNKNOWN ROADWAY LIGHTING		5 - SLEET, HAIL						
9 - OTHER / UNKNOWN		6 - SNOW						
		7 - SEVERE CROSSWINDS						
		8 - BLOWING SAND, SOIL, DIRT, SNOW						
		9 - FREEZING RAIN OR FREEZING DRIZZLE						
		99 - OTHER / UNKNOWN						
NARRATIVE								
On April 02, 2022 at about 8:13 PM Unit 1 was traveling eastbound on Port Union Road and when at 3840 Port Union Road, Unit 1 lost control of the vehicle and ran off the left side of roadway, striking the sign.								
The business sign belongs to: Packaging Corporation of America 3840 Port Union Road, Fairfield, OH 45014								
Unit 1 was also cited for: Driving Under Suspension, F.C.O. 335.072a OVI, F.C.O. 333.01a1A and 333.01a1H								
SEE OH-2								
Indicate the north direction with an "N" on the compass diagram.								
CRASH REPORTED DATE / TIME								
0 4 0 2 2 0 2 2 2 0 1 3								
DISPATCH DATE / TIME								
0 4 0 2 2 0 2 2 2 0 1 3								
ARRIVAL DATE / TIME								
0 4 0 2 2 0 2 2 2 0 1 6								
SCENE CLEARED DATE / TIME								
0 4 0 2 2 0 2 2 2 0 5 1								
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 OSPS)								
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*
						J. TAYLOR		Sgt. [Signature]
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*
						1 5 7		1 1 8



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 2 3 6 1 5

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE KELLY, CHARLES, R.	DATE OF BIRTH 0 4 1 4 1 9 9 2		AGE 2 9	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 6574 STONELAKE WAY HAMILTON, OH 45011		CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME) FAIRFIELD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 331.34 (A)	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION FAILURE TO CONTROL		CITATION NUMBER 250780				
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 TYPE VALUE 4 4 3 4 3		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE 0	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL 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 TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

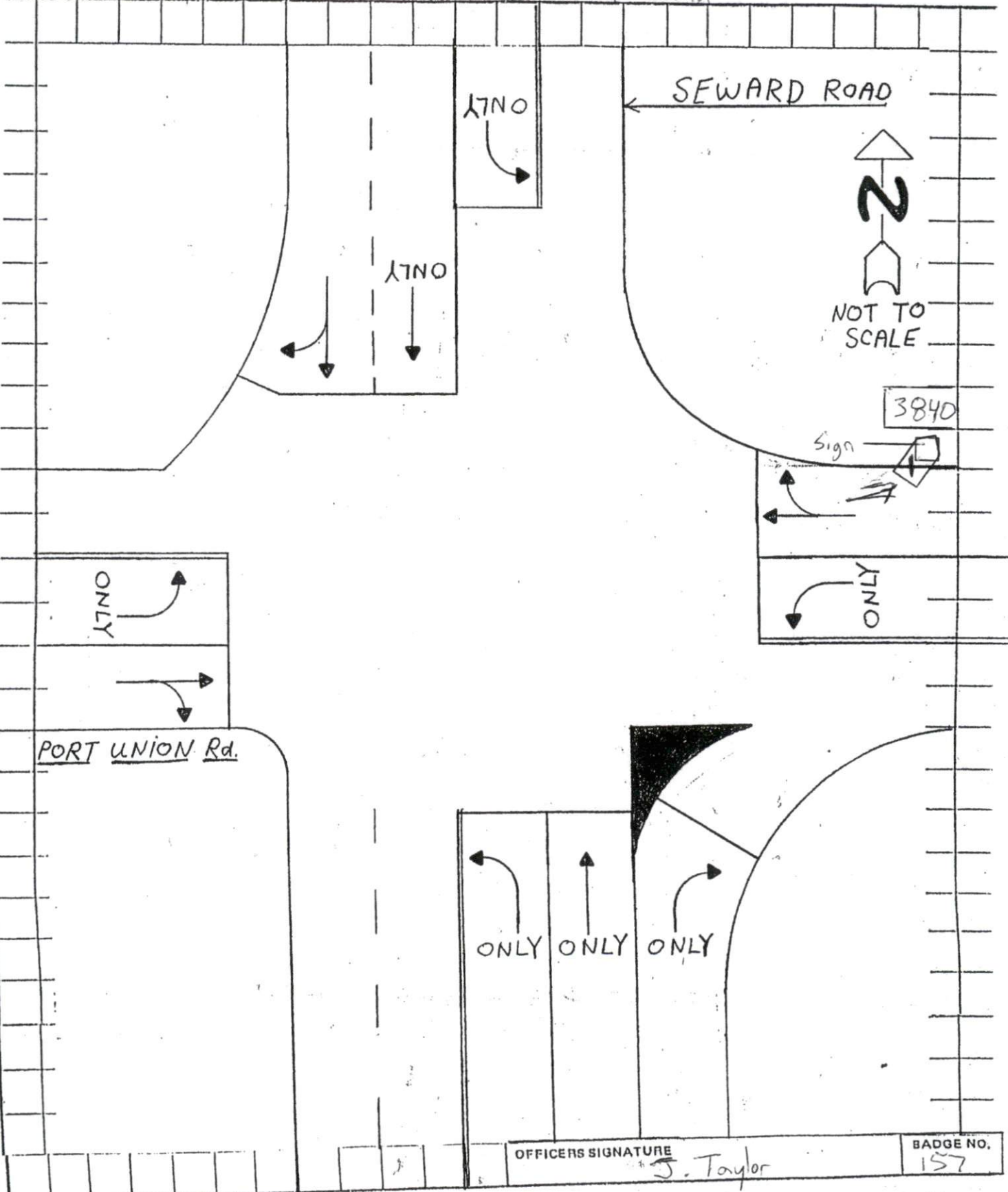
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE 0	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
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INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT			ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	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	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

IHIO TRAFFIC CRASH — DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 22-023615	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 4 D 2 Y 2022
N COUNTY OF Butler	CRASH LOCATION 3840 Port Union Road	



OFFICERS SIGNATURE J. Taylor	BADGE NO. 157
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