



TRAFFIC CRASH REPORT

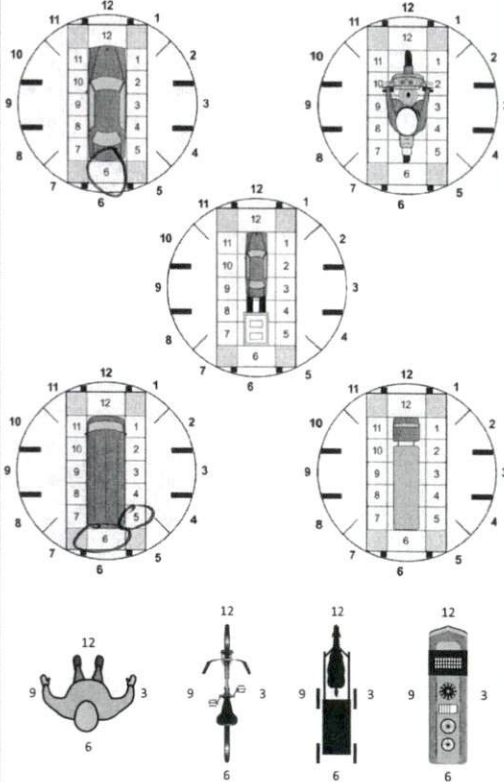
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | | | | | | | | | | |
|--|---|--|--|--|--------------------|---|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department | | NCIC* 0,0,9,0,1 | 2 2 0 3 2 5 1 9 | | | | | |
| COUNTY* 0 9 | LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1 | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | | | CRASH DATE / TIME* 05082022 2043 | | CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 5 | | | |
| ROUTE TYPE U S | ROUTE NUMBER 127 | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME Magie | | ROAD TYPE A V | LATITUDE DECIMAL DEGREES 39.345852 | | LONGITUDE DECIMAL DEGREES -84.559451 | | | |
| REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1 | DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 2 | 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 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 | | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 0 4 | | | | | |
| DISTANCE FROM REFERENCE 0 1 5 | | DISTANCE UNIT OF MEASURE 1-MILES 2- FEET 3-YARDS 2 | | 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 0 1 | | MANNER OF CRASH COLLISION/IMPACT 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 2 | | 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 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 | | 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 | |
| LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 2 | | 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 0 1 | | | | | | | | | |
| NARRATIVE On 5/8/2022 at about 8:43 p.m. Unit 1 was traveling south on U.S. 127 at about 30 m.p.h. and when at 15 feet south of Magie Ave. failed to stop within the assured clear distance ahead and struck Unit 2 which was also traveling south on U.S.127. The driver of Unit 1 was also cited for driving with a temporary permit without a licensed driver in the vehicle. See OH-2 | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME 05082022 2043 | | DISPATCH DATE / TIME 05082022 2043 | | ARRIVAL DATE / TIME 05082022 2047 | | SCENE CLEARED DATE / TIME 05082022 2121 | | 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 0 | | OTHER INVESTIGATION TIME 0 3 0 | | TOTAL MINUTES 0 6 8 | | OFFICER'S NAME* D. Gooch | | CHECKED BY OFFICER'S NAME* Satal | | OFFICER'S BADGE NUMBER* 1 6 0 | |
| | | | | | | | | CHECKED BY OFFICER'S BADGE NUMBER* 8 7 | | | |

| | |
|---|---|
| LOCAL REPORT NUMBER <div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> 22032519 </div> | |
| DAMAGE DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE 2 - MINOR DAMAGE </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN </div> </div> | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
| <div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;"> </div> | |
| <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> - TOP [13] </div> <div style="text-align: center;"> <input type="checkbox"/> - UNDERCARRIAGE [14] </div> <div style="text-align: center;"> <input type="checkbox"/> - ALL AREAS [15] </div> <div style="text-align: center;"> <input type="checkbox"/> - UNIT NOT AT SCENE [16] </div> </div> | |
| INITIAL POINT OF CONTACT <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN </div> </div> | |
| TRAFFIC | |
| TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">2</div> | TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">2</div> |
| # OF THROUGH LANES ON ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">2</div> | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">1</div> |
| UNIT / NON-MOTORIST DIRECTION <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> FROM <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 0 5px;">1</div> TO <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 0 5px;">2</div> </div> <div style="width: 45%;"> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN </div> </div> | |
| UNIT SPEED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">0 3 5</div> | DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">1</div> |
| POSTED SPEED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">3 5</div> | |

| | | | | | |
|---|---|--|--|---|------------------------|
| OWNER | UNIT # 02 | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) Halbeisen, Lesly, Michelle | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) L | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # ELN8225 | VEHICLE IDENTIFICATION # JTMZK31V286015024 | VEHICLE YEAR 2008 | VEHICLE MAKE Toyota |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY Geico | INSURANCE POLICY # 4374-53-34-14 | COLOR Red | VEHICLE MODEL Rav4 |
| | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 01 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | | |
| | UNIT TYPE 03 | | | | |
| | # OF TRAILING UNITS 00 | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 02 | | | | |
| | SPECIAL FUNCTION 01 | | | | |
| | CARGO BODY TYPE 01 | | | | |
| EVENT(S) | VEHICLE DEFECTS 01 | | | | |
| | NON-MOTORIST LOCATION AT IMPACT 01 | | | | |
| | ACTION 04 | | | | |
| | CONTRIBUTING CIRCUMSTANCES 01 | | | | |
| | SEQUENCE OF EVENTS 120 | | | | |
| | NON-COLLISION 1 | | | | |
| | COLLISION WITH FIXED OBJECT - STRUCK 1 | | | | |
| | FIRST HARMFUL EVENT 1 | | | | |
| | MOST HARMFUL EVENT 1 | | | | |

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|--|--|
| LOCAL REPORT NUMBER 22032519 | |
| DAMAGE DAMAGE SCALE 2 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 type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT 06 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | |
| TRAFFIC | |
| TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY | TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD 2 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 025 | DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 35 | |

HSY8306 OH1M 1/19 [760-1500]



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 2 0 3 2 5 1 9

| | | | | | | | | | |
|----------|---|---|-----------------------------------|---|------------------------------|--|-------------------------|----------------------|---------------|
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE Boadu, Felix | DATE OF BIRTH 1 0 2 2 1 9 8 5 | | AGE 3 6 | GENDER M | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 318 Creekside Dr. Apt. 304, Fairfield, OH, 45014 | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 3 | AIR BAG USAGE 0 1 | EJECTION 1 |
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE Acquah, Kyra | DATE OF BIRTH 0 3 0 7 2 0 2 0 | | AGE 2 | GENDER F | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 318 Creekside Dr. Apt. 304, Fairfield, OH, 45014 | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 6 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 4 | AIR BAG USAGE 0 1 | EJECTION 1 |
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE Boadu, Ama | DATE OF BIRTH 0 9 1 8 2 0 2 1 | | AGE 0 | GENDER F | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 318 Creekside Dr. Apt. 304, Fairfield, OH, 45014 | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 6 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 5 | AIR BAG USAGE 0 1 | EJECTION 1 |
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE Acquah, Nana | DATE OF BIRTH 0 8 1 5 2 0 1 8 | | AGE 3 | GENDER M | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 318 Creekside Dr. Apt. 304, Fairfield, OH, 45014 | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 5 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 6 | AIR BAG USAGE 0 1 | EJECTION 1 |

| INJURIES | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE |
|------------------------------|---|--|------------------------------|
| 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT |
| 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE |
| 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT/SIDE |
| 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |
| | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| | 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 | |
| | | 99 - OTHER / UNKNOWN | |

| EJECTION | TRAPPED |
|-----------------------|------------------------------------|
| 1 - NOT EJECTED | 1 - NOT TRAPPED |
| 2 - PARTIALLY EJECTED | 2 - EXTRICATED BY MECHANICAL MEANS |
| 3 - TOTALLY EJECTED | 3 - FREED BY NON-MECHANICAL MEANS |
| 4 - NOT APPLICABLE | |

| | | | | |
|---------|-----------------------------------|-----------------------------------|----------|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE 0 | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | |

LOCAL
REPORT
NUMBER

REPORTING
AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

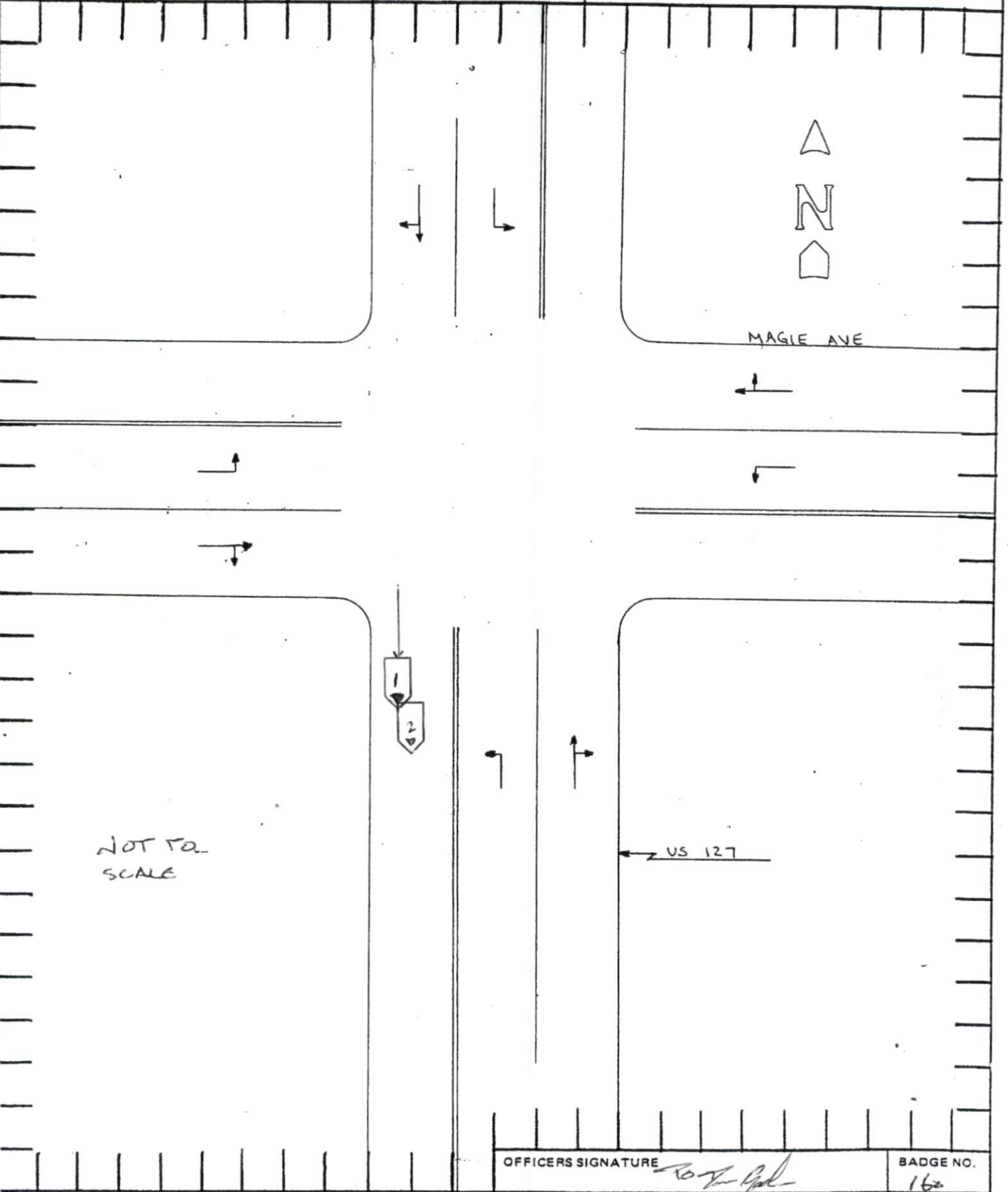
M 5 10 8 1922

IN COUNTY OF

BUTLER

ACCIDENT
LOCATION

US 127 & MAGIE AVE



NOT TO
SCALE

US 127

MAGIE AVE

N

OFFICERS SIGNATURE

Robert R. [Signature]

BADGE NO.

162