



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER*		
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME*		NCIC*		
		Fairfield Police Department		0 0 9 0 1		
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		
REFERENCE LOCATION		ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Nilles	ROAD TYPE R D
REFERENCE		ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Winton	ROAD TYPE R D
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 AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS
DISTANCE FROM REFERENCE 2 0		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE
LOCATION OF FIRST HARMFUL EVENT 0 4				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 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		
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 AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		
LIGHT CONDITION 3		WEATHER 0 1		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		
NARRATIVE				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		
<p>On 07/03/22 at around 11:24 p.m., Unit 1 was traveling southbound on Winton Rd. When at Nilles Rd, Unit 1 turned from the left hand turn lane in order to head northeast on Nilles Rd. Unit 1 made a wide turn, hit the curb, drove off of the road right and collided with a utility pole.</p> <p>The utility pole belongs to Duke Energy at 1199 Nilles Rd., Fairfield, OH 45014 The pole number is BT017130E.</p> <p>The driver of Unit 1, Luis Fernando Us Pu, was also charged with No O/L (FCO 335.01a1) - UM.</p>						
CRASH REPORTED DATE / TIME 0 7 0 2 2 0 2 2 2 3 2 4		DISPATCH DATE / TIME 0 7 0 2 2 0 2 2 2 3 2 5		ARRIVAL DATE / TIME 0 7 0 2 2 0 2 2 2 3 2 5		SCENE CLEARED DATE / TIME 0 7 0 3 2 0 2 2 0 0 1 3
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 4 8		TOTAL MINUTES 1 6 5		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 ODS)
OFFICER'S NAME* O. Eckstein		OFFICER'S BADGE NUMBER* 1 6 5		CHECKED BY OFFICER'S NAME* Sgt. B. Barnes		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 9



UNIT

OWNER

LP STATE

O H

LICENSE PLATE #

JGW2900

VEHICLE IDENTIFICATION #

1GTD196248119472

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

LOCAL REPORT NUMBER

2 2 0 4 7 1 5 3

OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)

Funze Colindres, Wilmer, A

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

2694 LaFeuille Cir., Apt. 11, Cincinnati, OH, 45211

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

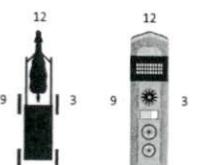
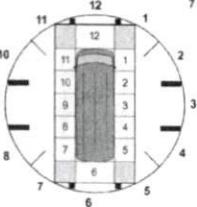
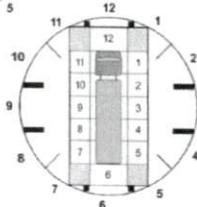
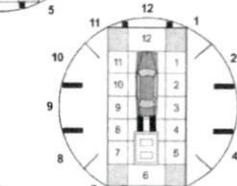
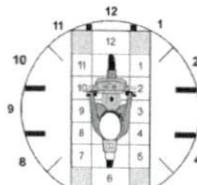
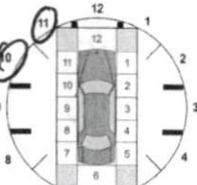
DAMAGE

DAMAGE SCALE

<input type="checkbox"/> 4	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
	9 - UNKNOWN	

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

 - NO DAMAGE [0] - UNDERCARRIAGE [14] - TOP [13] - ALL AREAS [15] - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE	14 - UNDERCARRIAGE
1 - 12 - REFER TO UNIT	15 - VEHICLE NOT AT SCENE
DIAGRAM	99 - UNKNOWN
13 - TOP	

TRAFFIC

TRAFFICWAY FLOW

<input type="checkbox"/> 1	1 - ONE-WAY
<input type="checkbox"/> 2	2 - TWO-WAY

TRAFFIC CONTROL

1 - ROUNDABOUT	4 - STOP SIGN
2 - SIGNAL	5 - YIELD SIGN
3 - FLASHER	6 - NO CONTROL

OF THROUGH LANES ON ROAD

 4

RAIL GRADE CROSSING

1 - NOT INVOLVED	
2 - INVOLVED-ACTIVE CROSSING	
3 - INVOLVED-PASSIVE CROSSING	

UNIT / NON-MOTORIST DIRECTION

1 - NORTH	5 - NORTHEAST
2 - SOUTH	6 - NORTHWEST
3 - EAST	7 - SOUTHEAST
4 - WEST	8 - SOUTHWEST
9 - OTHER/UNKNOWN	

UNIT SPEED

 3 | 5 |

DETECTED SPEED

<input type="checkbox"/> 1	1 - STATED/ESTIMATED SPEED
<input type="checkbox"/> 2	2 - CALCULATED/EDR
<input type="checkbox"/> 3	3 - UNDETERMINED

POSTED SPEED

 3 | 5 |

UNIT

TYPE

UNIT

TYPE</div



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER															
	2 2 0 4 7 1 5 3					DATE OF BIRTH		AGE	GENDER							
UNIT #	NAME: LAST, FIRST, MIDDLE Us Pu, Luis Fernando															
0 1	ADDRESS: STREET, CITY, STATE, ZIP 8000 Hamilton Ave., Lot 3, Cincinnati, OH, 45231															
INJURIES 5	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		
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED FCO 331.34a			LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control			CITATION NUMBER 251964					
DL CLASS 6	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE •	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE															
ADDRESS: STREET, CITY, STATE, ZIP											DATE OF BIRTH				AGE	GENDER
0															0	
MOTORIST / NON-MOTORIST											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		
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER					
DL 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 1	TYPE 1	VALUE •	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE															
ADDRESS: STREET, CITY, STATE, ZIP											DATE OF BIRTH				AGE	GENDER
0															0	
MOTORIST / NON-MOTORIST											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		
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER					
DL 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 1	TYPE 1	VALUE •	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4		
INJURIES	SEATING POSITION	AIR BAG	DL CLASS	DL 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											
6-SECOND - RIGHT SIDE	6-SECOND - MIDDLE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS												
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	7-THIRD - RIGHT SIDE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER												
8-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	1-NOT EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS												
9-OTHER/UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	2-PARTIALLY EJECTED	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS												
INJURED TAKEN BY	EJECTION	DL ENDORSEMENT	11-NOT APPLICABLE	10-LIMITED TO DAYLIGHT ONLY												
1-NOT TRANSPORTED /TREATED AT SCENE	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	H-HAZMAT	11-LIMITED TO DAYLIGHT ONLY	11-LIMITED TO DAYLIGHT ONLY												
2-EMS	12-PASSENGER IN UNENCLOSED CARGO AREA	M-MOTORCYCLE	12-LIMITED - OTHER	12-LIMITED - OTHER												
3-POLICE	13-TRAILING UNIT	P-PASSENGER	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)												
9-OTHER/UNKNOWN	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	N-TANKER	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY												
SAFETY EQUIPMENT	15-NON-MOTORIST	Q-MOTOR SCOOTER	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES												
1-NONE USED	99-OTHER / UNKNOWN	R-THREE-WHEEL MOTORCYCLE	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR												
2-SHOULDER BELT ONLY USED		S-SCHOOL BUS	17-PROSTHETIC AID	17-PROSTHETIC AID												
3-LAP BELT ONLY USED		T-DOUBLE & TRIPLE TRAILERS	18-OTHER	18-OTHER												
4-SHOULDER & LAP BELT USED		X-TANKER / HAZMAT														
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		TRAPPED														
6-CHILD RESTRAINT SYSTEM - REAR FACING																
7-BOOSTER SEAT		GENDER														
8-HELMET USED		F-FEMALE														
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		M-MALE														
10-REFLECTIVE CLOTHING		U-OTHER / UNKNOWN														
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																
12-OTHER / UNKNOWN																
13-OTHER / 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																
DRUG TEST RESULT(S)																
1-AMPHETAMINES																
2-BARBITURATES																
3-BENZODIAZEPINES																
4-CANNABINOID																
5-COCAIN																
6-OPIATES / OPIOIDS																
7-OTHER																
8-NEGATIVE RESULTS																