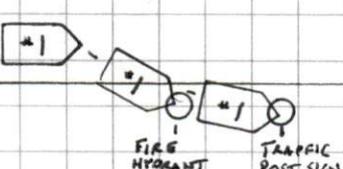




TRAFFIC CRASH REPORT

*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*			
				Fairfield Police Department		0 0 9 0 1			
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*			
0 9		1-CITY 2-VILLAGE 3-TOWNSHIP		City of Fairfield		0 7 2 4 2 0 2 2 0 3 5 9			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
					4242		3 9 . 3 1 6 1 2 1	- 8 4 . 4 8 3 1 2 5	
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED				
3	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				MEDIAN TYPE	
0 4	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	1- NOT COLLISION 2- TWO MOTOR VEHICLES IN TRANSPORT 3- REAR-END 4- 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		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	CONDITIONS	SURFACE	
<input type="checkbox"/> WORKERS PRESENT		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 WARNING SIGN 2- ADVANCE WARNING AREA 3- TRANSITION AREA 4- ACTIVITY AREA 5- TERMINATION AREA		2	1	2	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT						1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 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- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK 4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER/UNKNOWN	
<input type="checkbox"/> ACTIVE SCHOOL ZONE									
LIGHT CONDITION				WEATHER					
3	1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN	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					
NARRATIVE									
<p>On July 24, 2022 at about 3:59 A.M., Unit 1 was traveling east bound on Muhlhauser Rd and when at 4242 Muhlhauser Rd failed to maintain control of the vehicle, driving off the right side of the road, striking a fire hydrant and a traffic post sign before coming to a final rest. There was significant damage to Muhlhauser Rd in the far right lane.</p> <p>The fire hydrant, traffic post sign, and road belong to the City of Fairfield, 5350 Pleasant Ave. Fairfield, OH 45014.</p>									
 <p>Indicate the north direction with an "N" on the compass diagram.</p> <p>MUHLHAUSER RD.</p> 									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 7 2 4 2 0 2 2 0 3 5 9		0 7 2 4 2 0 2 2 0 4 0 0		0 7 2 4 2 0 2 2 0 4 0 4		0 7 2 4 2 0 2 2 0 5 5 1		<input checked="" type="checkbox"/> POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
1 5 0		6 0		1 7 1		P.O. S. Finley		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
						CHECKED BY OFFICER'S NAME*			
						SGY. K. HARRINGTON			
						CHECKED BY OFFICER'S BADGE NUMBER*			
						1 1 2			

OWNER	UNIT # 0_1 OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER Desmond Combs			OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS OWNER L																														
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER																																		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																															
LP STATE O H	LICENSE PLATE # JEA8754	VEHICLE IDENTIFICATION # 2C3KA53G157H844587	VEHICLE YEAR 2007	VEHICLE MAKE Chrysler																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Grange Insurance	INSURANCE POLICY # 3783149	COLOR Gray	VEHICLE MODEL 300																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Wayne's Towing																															
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS 0_1		VEHICLE WEIGHT GVWR/GCW 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # 1 PLACARD ID # 1 <input type="checkbox"/> PLACARD																															
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	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT																														
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	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOVABLE OBJECT																														
3_3_7			21 - PARKED MOTOR VEHICLE																															
4_1_1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	50 - WORK ZONE MAINTENANCE EQUIPMENT																														
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	51 - WALL																														
	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	52 - BUILDING																														
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	53 - TUNNEL																														
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	54 - OTHER FIXED OBJECT																														
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	99 - OTHER / UNKNOWN																														
1	FIRST HARMFUL EVENT	2	MOST HARMFUL EVENT																															

LOCAL REPORT NUMBER 2 2 0 5 2 8 8 0	
DAMAGE	
4	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 headlight), 2 (front bumper), 3 (front wheel), 4 (side door), 5 (side bumper), 6 (rear	

LOCAL REPORT NUMBER

2 2 0 5 2 8 8 0

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Combs, Alexander					DATE OF BIRTH	AGE	GENDER		
					0 9 1 9 2 0 0 3	1 8	M				
ADDRESS: STREET, CITY, STATE, ZIP 6113 Ricky Dr. 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	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1		
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331..34 (a)	LOCAL CODE X	OFFENSE DESCRIPTION Failure to Control		CITATION NUMBER 251911				
OL CLASS 4	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 5	ALCOHOL TEST STATUS 1	TYPE 1	VALUE	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	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	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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	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
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							
	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS							
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-EXCEPT TRACTOR-TRAILER	7-TALKING ON HANDS-FREE COMMUNICATION DEVICE							
	8-THIRD - MIDDLE		8-INTERMEDIATE LICENSE RESTRICTIONS	8-TALKING ON HAND-HELD COMMUNICATION DEVICE							
	9-THIRD - RIGHT SIDE		9-LEARNER'S PERMIT RESTRICTIONS	9-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE							
	10-SLEEPER SECTION OF TRUCK CAB		10-LIMITED TO DAYLIGHT ONLY	10-PASSenger							
			11-LIMITED TO EMPLOYMENT	11-OTHER DISTRACTION INSIDE THE VEHICLE							
			12-LIMITED - OTHER	12-OTHER DISTRACTION OUTSIDE THE VEHICLE							
			13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-OTHER / UNKNOWN							
			14-MILITARY VEHICLES ONLY	14-APPARENTLY NORMAL							
			15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-PHYSICAL IMPAIRMENT							
			16-OUTSIDE MIRROR	16-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)							
			17-PROSTHETIC AID	17-FELL ASLEEP, FAINTED, FATIGUED, ETC.							
			18-OTHER	18-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL							
				19-OTHER / UNKNOWN							
				20-AMPHETAMINES							
				21-BARBITURATES							
				22-BENZODIAZEPINES							
				23-CANNABINOIDs							
				24-COCAINe							
				25-OPIATES / OPIOIDS							
				26-OTHEr							
				27-NEGATIVE RESULTS							
INJURED TAKEN BY											
1-NOT TRANSPORTED / TREATED AT SCENE	7-SECOND - RIGHT SIDE	EJECTION	OL ENDORSEMENT	DRUG TEST TYPE							
2-EMS	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1-NOT EJECTED	H - HAZMAT	1-NONE							
3-POLICE	8-THIRD - MIDDLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-BLOOD							
9-OTHER / UNKNOWN	9-THIRD - RIGHT SIDE	3-TOTALLY EJECTED	P - PASSENGER	3-URINE							
	10-SLEEPER SECTION OF TRUCK CAB	4-NOT APPLICABLE	N - TANKER	4-BREATH							
			Q - MOTOR SCOOTER	5-OTHER							
			R - THREE-WHEEL MOTORCYCLE								
			S - SCHOOL BUS								
			T - DOUBLE & TRIPLE TRAILERS								
			X - TANKER / HAZMAT								
SAFETY EQUIPMENT											
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	TRAPPED	GENDER	DRUG TEST TYPE							
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	1-NOT TRAPPED	F - FEMALE	1-NONE							
3-LAP BELT ONLY USED	13-TRAILING UNIT	2-EXTRICATED BY MECHANICAL MEANS	M - MALE	2-BLOOD							
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3-FREED BY NON-MECHANICAL MEANS	U - OTHER / UNKNOWN	3-URINE							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST			4-OTHER							
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN										
7-BOOSTER SEAT											
8-HELMET USED											
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10-REFLECTIVE CLOTHING											
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99-OTHER / UNKNOWN											