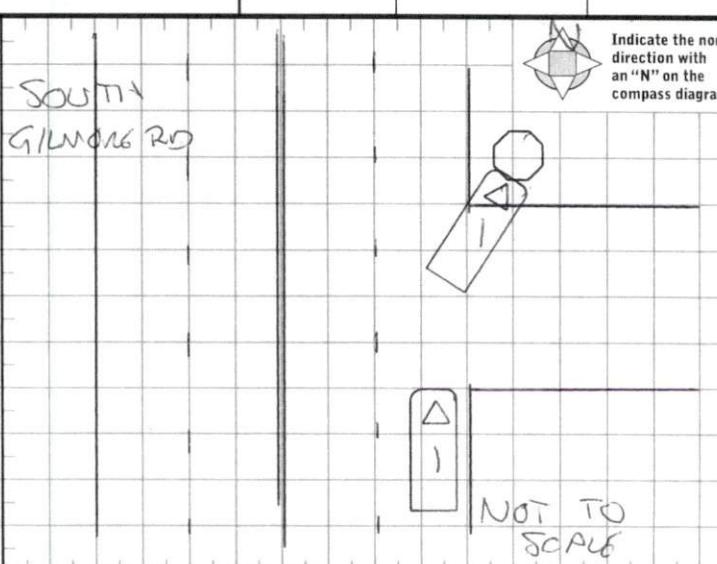


TRAFFIC CRASH REPORT				*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT				LOCAL REPORT NUMBER*		
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION						2 2 0 5 5 0 7 9		
		REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901						HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
								1-SOLVED	0 1	0 1 98-ANIMAL 0 1 99-UNKNOWN
		CRASH DATE / TIME* 08012022 1140						CRASH SEVERITY		
COUNTY* 0 9		LOCALITY* 1-CITY 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				5 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
		ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME SOUTH GILMORE			ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.329925	
		ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) OLD GILMORE			ROAD TYPE R D	LONGITUDE DECIMAL DEGREES -84.522078	
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	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2- FEET 3-YARDS					NUMBER OF APPROACHES 3			
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				MANNER OF CRASH COLLISION/IMPACT 1- NOT COLLISION 2- REAR-TO-REAR 3- BACKING 4- ANGLE 5- SIDESWIPE, SAME DIRECTION 6- SIDESWIPE, OPPOSITE DIRECTION 7- HEAD-ON 8- OTHER / UNKNOWN		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 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 2	CONDITIONS 2	SURFACE 2		
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		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		
NARRATIVE On August 1, 2022 at about 11:40 A.M. Unit 1 was turning right from South Gilmore Rd to Old Gilmore Rd. Unit 1 slid on the wet pavement, crossed the center line, hit the curb before striking a stop sign.										
The stop sign is owned by the City of Fairfield 5350 Pleasant Ave Fairfield, OH 45014										
CRASH REPORTED DATE / TIME 08012022 1142		DISPATCH DATE / TIME 08012022 1143		ARRIVAL DATE / TIME 08012022 1147		SCENE CLEARED DATE / TIME 08012022 1154		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 20		OFFICER'S NAME* R. CORNER		CHECKED BY OFFICER'S NAME* Sgt. J Sprague		
						OFFICER'S BADGE NUMBER* 8 5		CHECKED BY OFFICER'S BADGE NUMBER* 8 4		
								SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)		

UNIT # <u>0 1</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)																														
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)																																	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																															
LP STATE <u>O_H</u>	LICENSE PLATE # <u>810ZLU</u>	VEHICLE IDENTIFICATION # <u>2G4WC51820711397016</u>	VEHICLE YEAR <u>2007</u>																														
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <u>GRANGE</u>	INSURANCE POLICY # <u>4612352</u>	VEHICLE MAKE <u>BUICK</u>																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																														
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																														
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LOCAL REPORT NUMBER <u>2 2 0 5 5 0 7 9</u>	
DAMAGE DAMAGE SCALE 2 - NONE 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 points of impact: 1	



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER													
	2 2 0 5 5 0 7 9					DATE OF BIRTH		AGE	GENDER					
UNIT #	NAME: LAST, FIRST, MIDDLE													
0 1	STONE, KATRINA LUCENE													
ADDRESS: STREET, CITY, STATE, ZIP														
6045 MONASTERY DR FAIRFIELD, OH 45014														
INJURIES 5	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
DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS 4	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 <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE		DRUG TEST(S) STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> 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	<input type="checkbox"/> DOT-Compliant MC HELMET			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
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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-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-MIC MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN									
INJURED TAKEN BY										6-EXCEPT CLASS A & CLASS B BUS	6-NO VALID OL	7-EXCEPT TRACTOR-TRAILER		
1-NOT TRANSPORTED / TREATED AT SCENE	6-SECOND - RIGHT SIDE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	1-NONE								
2-EMS	7-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	6-PASSENGER	2-BLOOD								
3-POLICE	9-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE	3-URINE								
9-OTHER / UNKNOWN			11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	4-BREATH								
SAFETY EQUIPMENT										12-LIMITED - OTHER	9-OTHER / UNKNOWN	5-OTHER		
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	13-TRAILING UNIT	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	1-NONE								
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	2-BLOOD								
3-LAP BELT ONLY USED	13-TRAILING UNIT	15-NON-MOTORIST	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	3-URINE								
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	99-OTHER / UNKNOWN	17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID	4-OTHER								
5-CHILD RESTRAINT SYSTEM - FORWARD FACING			18-OTHER	18-OTHER	18-OTHER	DRUG TEST TYPE								
6-CHILD RESTRAINT SYSTEM - REAR FACING						1-APPARENTLY NORMAL								
7-BOOSTER SEAT						2-PHYSICAL IMPAIRMENT								
8-HELMET USED						3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)								
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						4-ILLNESS								
10-REFLECTIVE CLOTHING						5-FELL ASLEEP, FAINTED, FATIGUED, ETC.								
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY						6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL								
99-OTHER / UNKNOWN						9-OTHER / UNKNOWN								
						1-AMPHETAMINES								
						2-BARBITURATES								
						3-BENZODIAZEPINES								
						4-CANNABINOID								
						5-COCAIN								
						6-OPIATES / OPIOIDS								
						7-OTHER								
						8-NEGATIVE RESULTS								