

TRAFFIC CRASH REPORT OF PUBLIC SAFETY		*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT	
LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield Winton 6100 ROAD TYPE ROAD TYPE ROAD TYPE	
CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY 3 - MINOR INJURY 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 01 - ANIMAL 99 - UNKNOWN		CRASH DATE / TIME* 12162022 1150 HITS/KIP 1 - SOLVED 2 - UNSOLVED 02	
NUMBER OF UNITS 02		UNIT IN ERROR 01	
INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3		REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3	
DISTANCE FROM REFERENCE 1 - MILE 2 - FEET 3 - YARDS 3		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 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 99 - OTHER / UNKNOWN 01		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-TO-REAR 3 - BACKING 4 - ANGLE 5 - SLOTTED 6 - SIDEWIPED, SAME DIRECTION 7 - SIDEWIPED, OPPOSITE DIRECTION 8 - HEAD-ON 9 - OTHER / UNKNOWN 02	
WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER 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 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		LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT ACTIVE SCHOOL ZONE	
SURFACE 1 - CONCRETE 2 - BLACKTOP 3 - ASPHALT 4 - SLAG GRAVEL 5 - DIRT 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - CURVE GRADE 7 - STRAIGHT GRADE 9 - OTHER/UNKNOWN CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		NARRATIVE At about 11:50 a.m. on 12-16-22 unit 2 was stopped in traffic on Winton Road when it was struck from behind by unit 1.	
CRASH REPORTED DATE / TIME 12162022 1153		DISPATCH DATE / TIME 12162022 1155	
ARRIVAL DATE / TIME 12162022 1202		SCENE CLEARED DATE / TIME 12162022 1218	
REPORT TAKEN BY POLICE AGENCY SUPPLEMENT TO AN EXISTING REPORT (LEFT TO RIGHT)		OFFICER'S NAME* T. Lucas OFFICER'S BADGE NUMBER* 6	
CHECKED BY OFFICER'S NAME* S. J. Spence CHECKED BY OFFICER'S BADGE NUMBER* 24		TOTAL MINUTES 23	
ROADWAY CLOSED 12162022 1153		OTHER INVESTIGATION TIME 0	

UNIT OF PUBLIC SAFETY
MARSHAL SERVICE • 800.727.706

LOCAL REPORT NUMBER



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 9 1 2 5 5

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Miller, Narda				DATE OF BIRTH 0 9 1 4 1 9 5 4				AGE 6 8	GENDER F																																																																																																																																																																																						
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UNIT #	2	NAME: LAST, FIRST, MIDDLE	Johnson, Frank	ADDRESS: STREET, CITY, STATE, ZIP	3 Jupiter Court Fairfield, Ohio 45014	CONTACT PHONE - INCLUDE AREA CODE	0 2 0 9 1 9 6 5	AGE	5 7	GENDER	M
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INJURIES	3	INJURED	BY TAKEN	1	EMS AGENCY (NAME)	INJURED TAKEN TO: Medical Facility (NAME, CITY)	SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT	MC HELMET	SEATING POSITION	0 4	AIR BAG USAGE	0 1	EJECTION	1	TRAPPED	1
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UNIT #		NAME: LAST, FIRST, MIDDLE		ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		AGE	0	GENDER	
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INJURIES		INJURED	BY TAKEN		EMS AGENCY (NAME)	INJURED TAKEN TO: Medical Facility (NAME, CITY)	SAFETY EQUIPMENT USED		DOT-COMPLIANT	MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
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UNIT #		NAME: LAST, FIRST, MIDDLE		ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		AGE	0	GENDER	
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INJURIES		INJURED	BY TAKEN		EMS AGENCY (NAME)	INJURED TAKEN TO: Medical Facility (NAME, CITY)	SAFETY EQUIPMENT USED		DOT-COMPLIANT	MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
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INJURIES		INJURED	BY TAKEN		EMS AGENCY (NAME)	INJURED TAKEN TO: Medical Facility (NAME, CITY)	SAFETY EQUIPMENT USED		DOT-COMPLIANT	MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
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INJURIES		INJURED	BY TAKEN		EMS AGENCY (NAME)	INJURED TAKEN TO: Medical Facility (NAME, CITY)	SAFETY EQUIPMENT USED		DOT-COMPLIANT	MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
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INJURIES		INJURED	BY TAKEN		EMS AGENCY (NAME)	INJURED TAKEN TO: Medical Facility (NAME, CITY)	SAFETY EQUIPMENT USED		DOT-COMPLIANT	MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
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INJURIES		INJURED	BY TAKEN		EMS AGENCY (NAME)	INJURED TAKEN TO: Medical Facility (NAME, CITY)	SAFETY EQUIPMENT USED		DOT-COMPLIANT	MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
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INJURIES		INJURED	BY TAKEN		EMS AGENCY (NAME)	INJURED TAKEN TO: Medical Facility (NAME, CITY)	SAFETY EQUIPMENT USED		DOT-COMPLIANT	MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
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UNIT #		NAME: LAST, FIRST, MIDDLE		ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		AGE	0	GENDER	
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UNIT #		NAME: LAST, FIRST, MIDDLE		ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		AGE	0	GENDER	
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UNIT #		NAME: LAST, FIRST, MIDDLE		ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		AGE	0	GENDER	
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