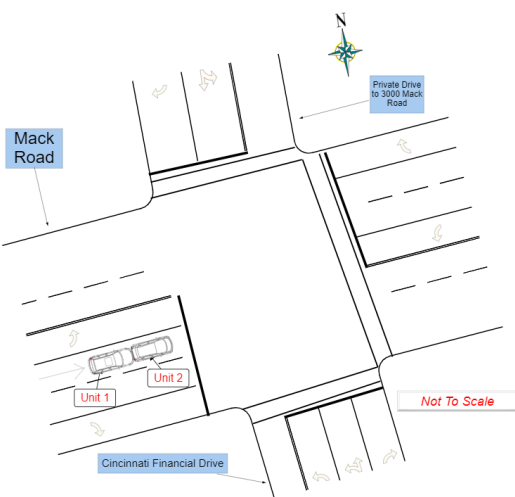


<div> <div> <div> <div>PHOTOS TAKEN</div> <div>SECONDARY CRASH</div> </div> <div> <div>OH-2</div> <div>OH-1P</div> <div>PRIVATE PROPERTY</div> </div> <div> <div>OH-3</div> <div>OTHER</div> </div> </div> <div> <div>LOCAL INFORMATION</div> <div> <div>REPORTING AGENCY NAME*</div> <div>Fairfield Police Department</div> </div> <div> <div>NCIC*</div> <div>00901</div> </div> </div> </div> <div> <div>LOCAL REPORT NUMBER*</div> <div>IR25-005884</div> </div>											
<div>COUNTY*</div> <div>09</div>		<div>LOCALITY*</div> <div>1</div> <div>1 - CITY</div> <div>2 - VILLAGE</div> <div>3 - TOWNSHIP</div>		<div>LOCATION: CITY, VILLAGE, TOWNSHIP*</div> <div>Fairfield</div>			<div>CRASH DATE/TIME*</div> <div>11/11/2025 06:17</div>		<div>CRASH SEVERITY</div> <div> <div>5</div> <div> 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY </div> </div>		
<div>ROUTE TYPE</div>		<div>ROUTE NUMBER</div>		<div>PREFIX</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>		<div>LOCATION ROAD NAME</div> <div>Mack</div>		<div>ROAD TYPE</div> <div>RD</div>		<div>LATITUDE</div> <div>39.312919</div>	
<div>ROUTE TYPE</div>		<div>ROUTE NUMBER</div>		<div>PREFIX</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>		<div>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</div> <div>3000</div>		<div>ROAD TYPE</div>		<div>LONGITUDE</div> <div>-84.518014</div>	
<div>REFERENCE POINT</div> <div>3</div> <div>1 - INTERSECTION</div> <div>2 - MILE POST</div> <div>3 - HOUSE #</div>		<div>DIRECTION FROM REFERENCE</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>		<div>ROUTE TYPE</div> <div>IR - INTERSTATE ROUTE (TP)</div> <div>US - FEDERAL US ROUTE</div> <div>SR - STATE ROUTE</div> <div>CR - NUMBERED COUNTY ROUTE</div> <div>TR - NUMBERED TOWNSHIP ROUTE</div>		<div>ROAD TYPE</div> <div>AL - ALLEY</div> <div>AV - AVENUE</div> <div>BL - BOULEVARD</div> <div>CR - CIRCLE</div> <div>CT - COURT</div> <div>DR - DRIVE</div> <div>HE - HEIGHTS</div> <div>HW - HIGHWAY</div> <div>LA - LANE</div> <div>MP - MILEPOST</div> <div>OV - OVAL</div> <div>PK - PARKWAY</div> <div>PI - PIKE</div> <div>PL - PLACE</div> <div>RD - ROAD</div> <div>SQ - SQUARE</div> <div>ST - STREET</div> <div>TE - TERRACE</div> <div>TL - TRAIL</div> <div>WA - WAY</div>		<div>INTERSECTION RELATED</div> <div> <div>WITHIN INTERSECTION OR ON APPROACH</div> <div>WITHIN INTERCHANGE AREA</div> </div> <div>NUMBER OF APPROACHES</div>			
<div>DISTANCE FROM REFERENCE</div>		<div>DISTANCE UNIT OF MEASURE</div> <div>1 - MILES</div> <div>2 - FEET</div> <div>3 - YARDS</div>						<div>ROADWAY</div> <div>ROADWAY DIVIDED</div>			
<div>LOCATION OF FIRST HARMFUL EVENT</div> <div>1</div> <div>1 - ON ROADWAY</div> <div>2 - ON SHOULDER</div> <div>3 - IN MEDIAN</div> <div>4 - ON ROADSIDE</div> <div>5 - ON GORE</div> <div>6 - OUTSIDE TRAFFIC WAY</div> <div>7 - ON RAMP</div> <div>8 - OFF RAMP</div> <div>9 - CROSSOVER</div> <div>10 - DRIVEWAY/ALLEY ACCESS</div> <div>11 - RAILWAY GRADE CROSSING</div> <div>12 - SHARED USE PATHS OR TRAILS</div> <div>13 - BIKE LANE</div> <div>14 - TOLL BOOTH</div> <div>99 - OTHER/UNKNOWN</div>				<div>MANNER OF CRASH COLLISION/IMPACT</div> <div>2</div> <div>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT</div> <div>2 - REAR-END</div> <div>3 - HEAD-ON</div> <div>4 - REAR-TO-REAR</div> <div>5 - BACKING</div> <div>6 - ANGLE</div> <div>7 - SIDESWIPE, SAME DIRECTION</div> <div>8 - SIDESWIPE, OPPOSITE DIRECTION</div> <div>9 - OTHER/UNKNOWN</div>				<div>DIRECTION OF TRAVEL</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>		<div>MEDIAN TYPE</div> <div>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)</div> <div>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)</div> <div>3 - DIVIDED, DEPRESSED MEDIAN</div> <div>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)</div> <div>9 - OTHER/UNKNOWN</div>	
<div>WORK ZONE RELATED</div> <div>WORKERS PRESENT</div> <div>LAW ENFORCEMENT PRESENT</div> <div>ACTIVE SCHOOL ZONE</div>		<div>WORK ZONE TYPE</div> <div>1 - LANE CLOSURE</div> <div>2 - LANE SHFT/CROSSOVER</div> <div>3 - WORK ON SHOULDER OR MEDIAN</div> <div>4 - INTERMITTENT OR MOVING WORK</div> <div>5 - OTHER</div>		<div>LOCATION OF CRASH IN WORK ZONE</div> <div>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN</div> <div>2 - ADVANCE WARNING AREA</div> <div>3 - TRANSITION AREA</div> <div>4 - ACTIVITY AREA</div> <div>5 - TERMINATION AREA</div>		<div>CONTOUR</div> <div>2</div> <div>1 - STRAIGHT LEVEL</div> <div>2 - STRAIGHT GRADE</div> <div>3 - CURVE LEVEL</div> <div>4 - CURVE GRADE</div> <div>9 - OTHER/ UNKNOWN</div>		<div>CONDITIONS</div> <div>1</div> <div>1 - DRY</div> <div>2 - WET</div> <div>3 - SNOW</div> <div>4 - ICE</div> <div>5 - SAND, MUD, DIRT, OIL, GRAVEL</div> <div>6 - WATER (STANDING, MOVING)</div> <div>7 - SLUSH</div> <div>9 - OTHER/UNKNOWN</div>		<div>SURFACE</div> <div>2</div> <div>1 - CONCRETE</div> <div>2 - BLACKTOP, BITUMINOUS, ASPHALT</div> <div>3 - BRICK/BLOCK</div> <div>4 - SLAG, GRAVEL, STONE</div> <div>5 - DIRT</div> <div>9 - OTHER/ UNKNOWN</div>	
<div>LIGHT CONDITION</div> <div>3</div> <div>1 - DAYLIGHT</div> <div>2 - DAWN/DUSK</div> <div>3 - DARK - LIGHTED ROADWAY</div> <div>4 - DARK - ROADWAY NOT LIGHTED</div> <div>5 - DARK - UNKNOWN ROADWAY LIGHTING</div> <div>9 - OTHER/UNKNOWN</div>				<div>WEATHER</div> <div>1</div> <div>1 - CLEAR</div> <div>2 - CLOUDY</div> <div>3 - FOG, SMOG, SMOKE</div> <div>4 - RAIN</div> <div>5 - SLEET, HAIL</div> <div>6 - SNOW</div> <div>7 - SEVERE CROSSWINDS</div> <div>8 - BLOWING SAND, SOIL, DIRT, SNOW</div> <div>9 - FREEZING RAIN OR FREEZING DRIZZLE</div> <div>99 - OTHER/UNKNOWN</div>							
<div>NARRATIVE</div> <div>On 11/11/2025 at around 6:17 a.m. Unit 1 was traveling eastbound on Mack Road at approximately 10 m.p.h. and when at 3000 Mack Road failed to stop within the assured clear distance ahead and in so doing struck Unit 2 which was also traveling east on Mack Road and stopped in traffic.</div>						<div>DIAGRAM</div> 					
<div>CRASH REPORTED DATE/TIME</div> <div>11/11/2025 06:17</div>		<div>DISPATCH DATE/TIME</div> <div>11/11/2025 06:18</div>		<div>ARRIVAL DATE/TIME</div> <div>11/11/2025 06:36</div>		<div>SCENE CLEARED DATE/TIME</div> <div>11/11/2025 06:59</div>		<div>REPORT TAKEN BY</div> <div>POLICE AGENCY</div> <div>MOTORIST</div>			
<div>TOTAL TIME ROADWAY CLOSED</div> <div>0</div>		<div>OTHER INVESTIGATION TIME</div> <div>0</div>		<div>TOTAL MINUTES</div> <div>41</div>		<div>OFFICER'S NAME*</div> <div>Frazier, Connor</div>		<div>CHECKED BY OFFICER'S NAME*</div> <div>Cresap, Lori</div>			
				<div>OFFICER'S BADGE NUMBER*</div> <div>158</div>		<div>CHECKED BY OFFICER'S BADGE NUMBER*</div> <div>87</div>		<div>SUPPLEMENT</div> <div>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</div>			

IR25-005884

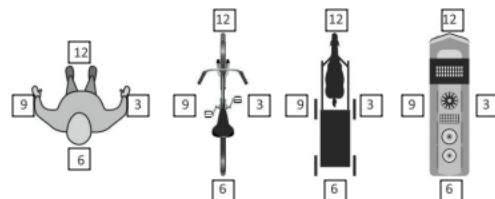
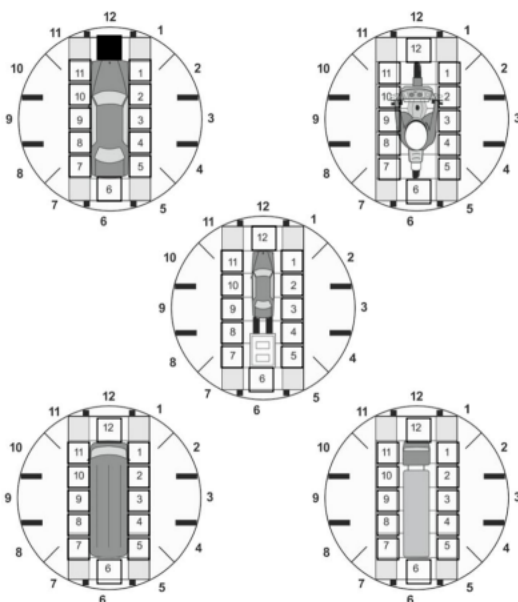
UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) PHILLIPS, DANIELLE	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1127 MADELEINE CIR, CINCINNATI, OH 45231		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # JIX7472	VEHICLE IDENTIFICATION # 1GNKRHKD9GJ244349
VEHICLE YEAR 2016		VEHICLE MAKE Chevrolet
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
COLOR Dark Blue		VEHICLE MODEL Traverse
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		CLASS # PLACARD ID #
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		# OCCUPANTS 1
VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		TOWED BY: COMPANY NAME
UNIT TYPE 3 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 0 - # OF TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN		
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VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER/UNKNOWN		
NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN		
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FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1		

DAMAGE

DAMAGE SCALE

2 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

12 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

2 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

FROM 4 TO 3

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

UNIT SPEED

10

DETECTED SPEED

1 1 - STATED/ESTIMATED SPEED
2 - CALCULATED/EDR
3 - UNDETERMINED

POSTED SPEED

35

IR25-005884

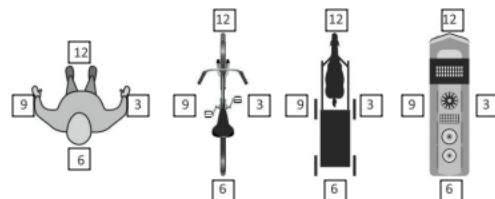
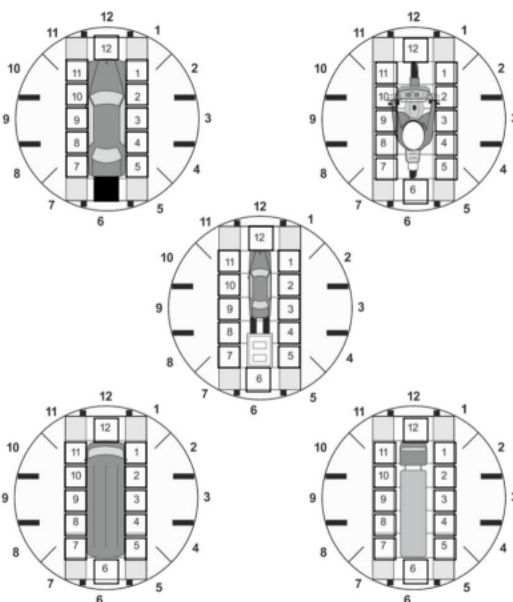
UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) LORD, JACOB CHARLES JONATHON	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 5 NICOLSON CIR, FAIRFIELD, OH 45014		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # GWP1040	VEHICLE IDENTIFICATION # 1N4AL2AP2CN491509
VEHICLE YEAR 2012		VEHICLE MAKE Nissan
INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM INSURANCE	INSURANCE POLICY # 3962405-SFP-35
COLOR Blue		VEHICLE MODEL Altima
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		
US DOT #		
VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		
TOWED BY: COMPANY NAME		
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		
# OCCUPANTS 1		
UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - MOTORCYCLE 7 - 2-WHEELED 8 - 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS 0		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
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FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1		

DAMAGE

DAMAGE SCALE

3 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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

6 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW

2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL

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

OF THROUGH LANES ON ROAD

4

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED

0

DETECTED SPEED

1

1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED

POSTED SPEED

35

										LOCAL REPORT NUMBER*																																					
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER																																				
	1	CHILDS, HEZEKIAH III					08/15/1977			48	M																																				
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																									
	1127 MADELEINE CIR, CINCINNATI, OH 45231																																														
	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																																			
	5						4	<input type="checkbox"/>	1	1	1	1																																			
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER																																					
	OH			333.03a			ACDA			2500251651																																					
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)																																				
	4		3		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4																																	
									1	1	.	1	1																																		
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER																																				
	2	LORD, JACOB CHARLES JONATHON					02/05/1997			28	M																																				
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																									
	5 NICOLSON CIR, FAIRFIELD, OH 45014																																														
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