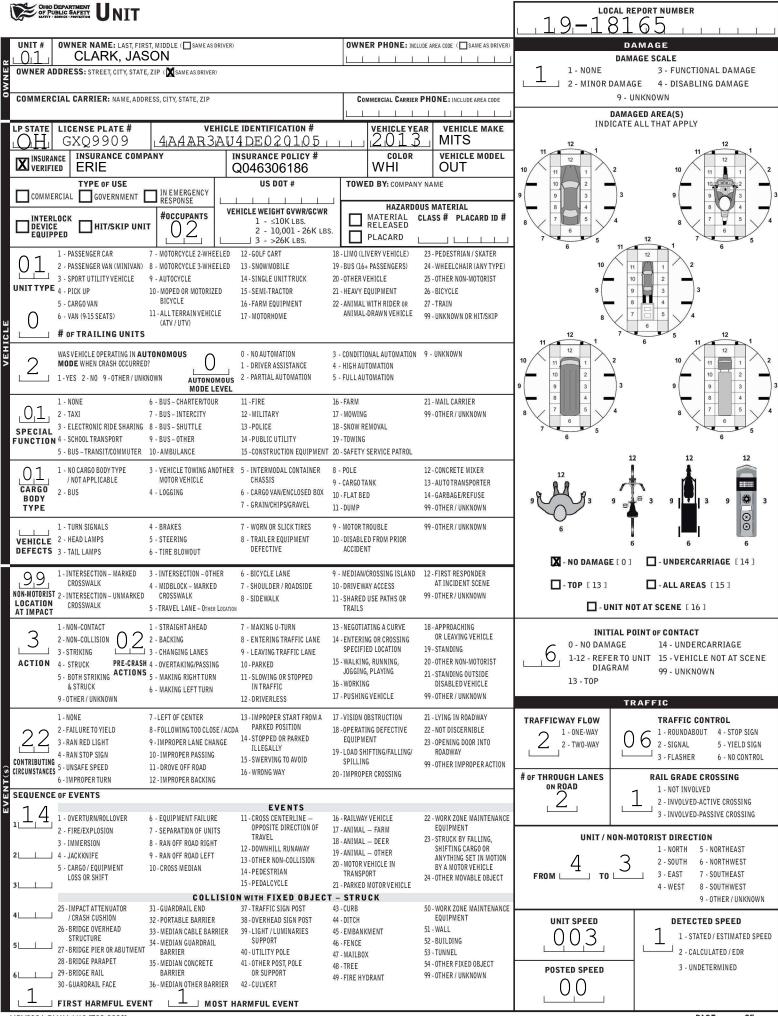
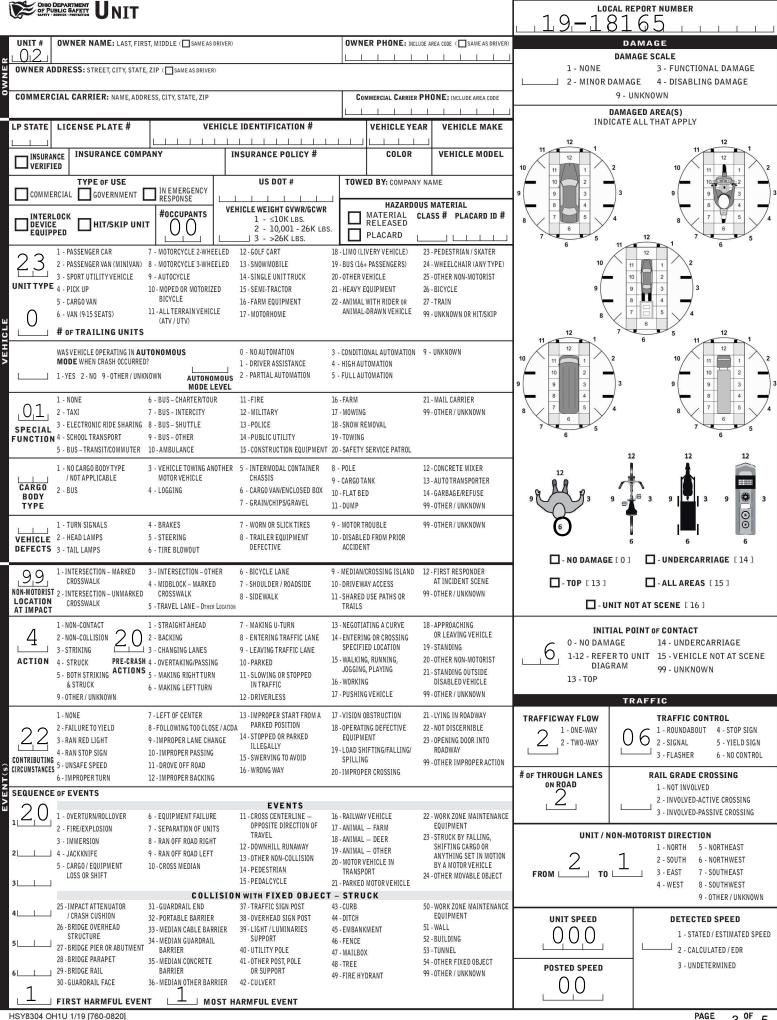
CHICAGE CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER*						
PHOTOS TAKEN OH-2 OH-3										STOD	I I			
SECONDARY CRASH OH-1P OTHER REPORTING AGENCY NAME* NCIC*							HIT/SKIP 1 - SOLVED J 2 - UNSOLVED	NUMBER OF UN	ITS 9	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*									CRASH DATE / TIME * CRASH SEVERITY					
76 J J - CITY 2 - VILLAGE 3 - TOWNSHIP Jackson (Township of)								04172019 1423 4 1- FATAL						
2-SOUTH							ROAD TYPE		548		SUSPECTED MINOR INJURY			
	LLI L. 4-1	WEST						ST	4007			SUSPECTED		
	2 - 1	SOUTH	FERENCE ROAD NAM 572	E (ROAD, N	MILEPOST, HOU	JSE #)		ROAD TYPE		718		INJURY POSSIBLE PROPERTY DAMAGE		
	L . 4-1	WEST					1		-81,432	. (<u> </u>		ONLY		
→ ^{1-INTERSECTION}	DIRECTION FROM REFERENCE 1 - NORTH	H IR - IN	ROUTE TYPE TERSTATE ROUTE(TP) AL -		ROAD TYPE W- HIGHWAY	RD	D - ROAD		INTERSECTION RSECTION OR OI				
→ 2 - MILE POST	2 - SOUTH 3 - EAST	03-FE	DERAL US ROUTE			A - LANE 1P - MILEPOST) - SQUARE - STREET						
DISTANCE	4 - WEST DISTANCE		ATE ROUTE MBERED COUNTY RO	UTE CR -	CIRCLE 0	V - OVAL	TE	- TERRACE		RCHANGE AREA ROADW	0001280000	BER OF APPROACHES		
FROM REFERENCE	UNIT OF MEASURE 1 - MILES	G TR - NU	MBEREDTOWNSHIP	CT -		K - PARKWAY I - PIKE		TRAIL A - WAY			AI			
	2 - FEET		UTE	HE -	HEIGHTS P	L - PLACE			ROADWAY DIV	IDED				
	N OF FIRST HARME				IER OF CRASH			т	DIRECTION OF TRAVE	~	MEDIAN			
0 6 2 - ON SHOULD		OSSOVER RIVEWAY/AL	LEY ACCESS	BETW	VEEN 5- MOTOR	BACKING	AR		1 - NORTH 1 2 - SOUTH		VIVIDED FL <4 FEET	LUSH MEDIAN)		
4 - ON ROADSIE		AILWAY GRAI	DE CROSSING L - PATHS OR	VEHI	CLES IN 6-	ANGLE SIDESWIPE,	. SAME	DIRECTION	3 - EAST		DIVIDED FL ≥4 FEET	LUSH MEDIAN)		
5 - ON GORE	10 01	RAILS KE LANE	and and an and an and an and an and an and and	2 - REAR	-END 8-	SIDESWIPE,	, OPPOS	ITE DIRECTION	4-WEST			EPRESSED MEDIAN AISED MEDIAN		
6 - OUTSIDE TR 7 - ON RAMP	14-T0	LL BOOTH		3 - HEAD	-UN 9-	OTHER / UNI	KNUW	N			ANY TYPE)		
8 - OFF RAMP	99-01	HER/UNKN			1							[
WORK ZONE RELAT	TED		/ORK ZONE TYPE NE CLOSURE			OF CRASH II			CONTOUR	conditi 1	UNS	SURFACE		
WORKERS PRESEN	NT		NE SHIFT/CROSSOVEF RK ON SHOULDER	1		VARNING SIG		GAREA	1 - STRAIGHT LEVEL	1 - DRY		1 - CONCRETE		
LAW ENFORCEMEN	NT PRESENT	OR	MEDIAN			RANSITION A			2 - STRAIGHT GRADE	2 - WET		2 - BLACKTOP,		
ACTIVE SCHOOL ZC	ONE	4 - IN 1 5 - OT I	ERMITTENT OR MOVI	NG WURK				A	3 - CURVE LEVEL	3 - SNOW		BITUMINOUS, ASPHALT		
LIGHT C	CONDITION			WEATHE	R				. 4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD,	DIRT	3 - BRICK/BLOCK		
1 - DAYLIGHT					6 - SNOW				2	OIL, GRAVE	L,	4 - SLAG, GRAVEL, STONE		
2 - DAWN/DUSK		L	2 - CLOUDY 3 - FOG, SMO	G, SMOKE	7 - SEVERE C 8 - BLOWING		DIRT, S	SNOW		6 - WATER (STA MOVING)	NDING,	5 - DIRT		
4 - DARK – ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAII 5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLEET. HAIL 99 - OTHER / UNKN							EEZIN	IG DRIZZLE		7 - SLUSH 9 - OTHER/UNK	NOWN	9 - OTHER/UNKNOWN		
9 - OTHER / UNK	KNOWN		(2) (35-13-14-45 F 109)	20243	2003 (SSANJARI - AAROSA 20					9-0THER/ONK	NOWN			
NARRATIVE					-		1				A	Indicate the north direction with		
UNIT #2 (PEDESTI THE NORTH SIDE												an "N" on the compass diagram.		
DOWN BY UNIT #1	1 WHO WAS B	ACKING (OUT OF A PARK	ING SPA	ACE.	, ,)		L (Î -		
UNIT #2 STATED F									×		~			
#2 DECLINED TO I	PROVIDE A W	RITTEN S	TATEMENT.							<u>e</u>				
GM														
										2	Not To	Scale		
									UNIT #2 -			-		
					_			BACKIN	G.			-		
						, ,						_		
		DIC	PATCH DATE / TIME			VAL DATE / T	TME	<u> </u>	SCENE CLEARED		Not To S	Scale		
CRASH REPORTED I		0417		23	0,4,1,7,2			37 ()4172019			POLICE AGENCY		
						ĬŤĬŢ			CER'S NAME*	<u> † † † † </u>		MOTORIST		
	ESTIGATION TIME	MINUTES	CINDEA, S		EN		100	OHNSO	N, STEVEN			SUPPLEMENT (CORRECTION OR ADDITION		
0	0	82	OFFI	CER'S BAD	ge number* ⊿	, 3		CHECKED I	BY OFFICER'S BADGE N	iumber* 2 , 2		TO AN EXISTING REPORT SENT TO ODPS)		
		1 1		L I	, 4			1						





STE OFF DUPLICE AFFETT MOTORIST / NON-MOTORIST								19-18165								
	UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
te -		CLARK, JESSICA M								04111979 40 F						
2		PRAIRIE COLLEGE ST SW CANTON OH 44706														
OW-	INJURIES		INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN								SI	EATING POSITION	AIR BAG U	ISAGE EJECTION	TRAPPED	
VON /	5	TAKEN BY												1	11	
DTORIST / NON-MO	DL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL O CODE			OFFENSE DESC	RIPTION CITATION NUMBER							
Ň	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER STRACTED		DHOL / DRUG SUSPE		CONDITION		TYPE			DRUG TEST(S TYPE RESUL)) T select up to 4	
L	4				9 D ALCOHOL MARIJUANA			1								
		NAME: LAST, F						0.00				AGE	GENDER			
_	UZ		, MICHAEL								03211942 77 M					
-		STREET, CITY, STA	ATE, ZIP AUM RD UNIONT(OWN (DH 446	685				CONTACT PHONE - INCLUDE AREA CODE						
DM-NON	injuries 4	INJURED E TAKEN BY	EMS AGENCY (NAME)						SAFETY EQUIPMENT USED		OMPLIANT	15^{100}	AIR BAG U	JSAGE EJECTION		
OTORIST / NON-MOTOR	L STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	ESCRIPTION			ON NUMBER				
	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED		LCOHOL / DRUG SUSPECTED CONDITION Alcohol Marijuana 1				COHOL TE			DRUG TEST(S	T SELECT UP TO 4	
ι						01	THER DRUG									
	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE	OF BIRTH		AGE	GENDER	
t I		STREET CITY ST	ATE 71P													
		SS: STREET, CITY, STATE, ZIP												1 1	1 1	
NON-MOTOR	INJURIES	INJURED E TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	Прот-с мс ні	OMPLIANT	EATING POSITION	AIR BAG U	JSAGE EJECTION	TRAPPED	
DRIST /	OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE CODE			OFFENSE DESC	CRIPTION CITATION NUMBER					·]		
LOW	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER STRACTED				CONDITION		COHOL TE			DRUG TEST(S TYPE RESUL) T select up to 4	
n	T	ттт		BY	1		LCOHOL 🔟 MAF THER DRUG	RIJUANA	і т т	r ir	I • [ттт	II.	лг т	т п р	
	INJU	RIES	SEATING POSITION	12.03	AIR BAG		OL CLASS	5	OL RESTRIC		DRIVE	R DISTRACT		TEST ST	TUS	
	- FATAL - SUSPECTED :	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		- NOT DEPLOYED 1 - CLASS A - DEPLOYED FRONT 2 - CLASS B				1 - ALCOHOL INTER 2 - CDL INTRASTAT			ISTRACTED		L - NONE GIVEN 2 - TEST REFUSED		
	3 - SUSPECTED MINOR INJURY 2 - FRONT – MIDDLE			3 - DEPLOYED SIDE			3 - CLASS C		3 - CORRECTIVE LE		ELECT	RONIC COMMUNIC	CATION 2	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
	A SECOND LEET SIDE				PLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = D)				4 - FARM WAIVER 5 - EXCEPT CLASS A	RIIC	DIALING)		SAMPLE / UNUS 1 - TEST GIVEN, RES			
(MOTORCYCLE PASSENGER) 5 SECOND MIDDLE 9- DEPLO					MENT UNKN	DWN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS A & CLASS B BUS		COMM	COMMUNICATION DEVICE 5			5 - TEST GIVEN, RESULTS UNKNOWN	
	INJURED TAKEN BY 5-SECOND = MIDDLE 1 - NOT TRANSPORTED 6 - SECOND = RIGHT SIDE					7-6				R-TRAILER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE			ST TYPE	
2	/TREATED AT SCENE 7 - THIRD - LEFT SIDE 2 - EMS (MOTORCYCLE SIDE CAR)			EJECTION OL ENDORSEMENT 1- NOT EJECTED H - HAZMAT				8 - INTERMEDIATE LICENSE RESTRICTIONS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		ΔN	1 - NONE			
	3 - POLICE 8 - THIRD - MIDDLE						M - MOTORCYCLE	M - MOTORCYCLE 9 - LEARNER'S PER						2 - BLOOD 3 - URINE		
9.					LLY EJECTED P - PASSENGER			RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE			4 - BREATH			
SAFETY EQUIPMENT OF TRUCK CAB 4-NOT AP				VPPLICABLE N - TANKER Q - MOTOR SCOOTER			11 - LIMITED TO EMPLOYMENT		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		JTSIDE 5	5 - OTHER				
ENCLOSED ENCLOSED CARGO AREA			1 - NOTTR	TRAPPED R - THREE-WHEEL MOTORCYCLE				12 - LIMITED – OTHER 13 - MECHANICAL DEVICES		9 - OTHER / UNKNOWN			DRUG TEST TYPE			
	3 - LAP BELT ONLY USED PICK-UP WITH CAP)		2 - EXTRICATED BY MECHANICAL MEANS			S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS		(SPECIAL BRAKE CONTROLS, OR O		HAND			1 - NONE 2 - BLOOD			
5 - CHILD RESTRAINT SYSTEM -			12 - PASSENGER IN UNENCLOSED CARGO AREA	BY X - TANKER / HAZMAT			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL			3 - URINE				
FORWARD FACING 13 - TRAILING UNIT		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-MECHANICAL MEANS			GENDER		15 - MOTOR VEHICLE	S WITHOUT 3 - EMOTIONAL (E.G., DEPRESS		SSED,					
	REAR FACING		(NON-TRAILING UNIT)			F - FEMALE M - MALE			AIR BRAKES 16 - OUTSIDE MIRROR		ANGRY, DISTURBED) 4 - ILLNESS			DRUG TEST RESULT(S) 1 - AMPHETAMINES		
	7 - BOOSTER SEAT 8 - HELMET USED		15 - NON-MOTORIST 99 - OTHER / UNKNOWN			M - MALE U - OTHER / UNKNOWN			17 - PROSTHETIC AID		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2	2 - BARBITURATES		
	PROTECTIVE (ELBOW, KNE	PADS USED							18-OTHER		6 - UNDER	THE INFLUENCE		3 - BENZODIAZEPIN 4 - CANNABINOIDS	IES	
10	· REFLECTIVE										/ALCO		5	5 - COCAINE		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY											9-OTHER	/ UNKNOWN		5 - OPIATES / OPIOI 7 - OTHER	DS	
99 -	OTHER/UNK	NOWN												3 - NEGATIVE RESU	LTS	

HSY8306 OH1M 1/19 [760-1500]

Service Services Occupant / Witness Addendum							19-18165								
	01		t, first, middle RT, LYNN M					10211		age 65	gender F				
UPAN		DRESS: STREET, CITY, STATE, ZIP 70 PARKFORD ST NW MASSILLON OH 44646							CONTACT PHONE - INCLUDE AREA CODE						
000	SUTU PARKFORD ST INV MIASSILLON OH 44040 INJURIES INJURED EMS Agency (NAME) INJURED TAKEN TO: Medical Facility (NAME, CITY) SAFETY EQUIPMENT								I I						
								DOT-COMPLIANT MC HELMET	03	_1_	1	1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
LN	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
CCUPAN		, ornez 1, orn 1,						1 1	. 1 . 1						
ä		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			
P	UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER			
Ļ															
CCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
3	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			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
Ę.		ADDRESS: STREET, CITY, STATE, ZIP													
CCUPAN	ADDRESS:								- INCLUDE AREA CO	DE					
8	INJURIES INJURED EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY				MC HELMET		<u> </u>		<u>ــــــ</u>					
	1 - FATA		IRIES	SAFETY 1 - NONE US	(EQUIPMENT USED		SEATING POS T – LEFT SIDE	ITION		AIR BAG U	SAGE				
			RIQUS INJURY		OCCUPANT		ORCYCLE DRIV								
	2 - SUSPECTED SERIOUS INJURY 2 - SHOULDER BEL 3 - SUSPECTED MINOR INJURY 2 - SHOULDER BEL 4 - POSSIBLE INJURY 3 - LAP BELT ONLY				ER BELT ONLY USED	_		DEPLOYED SIDE							
					F ONLY USED	4 - DEPLOYED BOT									
5 - NO APPARENT INJURY				ER & LAP BELT USED	(MOT	ORCYCLE PASS		FRONT							
					ESTRAINT SYSTEM – D FACING		ND – MIDDLE ND – RIGHT SID)E	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN						
1 - NOT TRANSPORTED 6 - CHILD I /TREATED AT SCENE REAR F				6 - CHILD RE	ESTRAINT SYSTEM –	7 - THIR	D – LEFT SIDE		9 - DEPLO						
				REAR FA			ORCYCLE SIDE D – MIDDLE	CAR)	EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED						
	2 - EMS 7 - BOOSTE 3 - POLICE 8 - HELME						D – RIGHT SIDE								
9 - OTHER / UNKNOWN 9 - PROTECT (ELBOW, I (ELBOW, I					TVE PADS USED		PER SECTION (ENGER IN OTHI		3 - TOTALLY EJECTED						
					KNEES, ETC.)	CARG	O AREA (NON-TR	RAILING UNIT,	4 - NOT APPLICABLE						
	F - FEMA	LE					PICK-UP WITH CAP		TRAPPED						
	M - MALI		A/NI	/ BICYCLI	G – PEDESTRIAN E ONLY		1 - NOT TRAPPED								
	U-UIHE	R / UNKNO	/V IN	99-0THER/	UNKNOWN	13 - TRAII 14 - RIDIN	IG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS						
						(NON-TRAILING UNIT) 15 - NON-MOTORIST			3 - FREED BY NON-MECHANIC			AL			
							R / UNKNOWN		MEANS						
SS		st, first, midd E, HOLL						05161	967		^{AGE}	gender E			
WITNESS		STREET, CITY,						CONTACT PHONE		DE	<u> </u>				
3	4724 CLEVELAND AVE NW Suite:9 CANTON OH 44709														
ŝS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
\$															
ESS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNE	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
3															