| | FIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT | | | | | | | | | 19-24060 | | | | | | | |
|--|---|--|--|--------------------------------------|--|-----------|--|------------------------------------|----------------------------|------------|------------------------------|--------------------|---------------|--|--|--|--|
| PHOTOSTAKEN OH-2 X 0H-3 | | | | | | | | | | | | | | | | | |
| SECONDARY CRASH OH-1P OTHER PRIVATE PROPERTY | REPORTING AGENCY NAME* JACKSON TWP POL | c* 5,2,4, | | IT/SKIP 1 - SOLVED 2 - UNSOLVE | NUMBER OF UNITS 98 - ANIMAL D 99 - UNKNOWN | | | | | | | | | | | | |
| COUNTY* LOCALITY* LOCATION: CITY | | CRASH DATE / TIME * CRASH SEVERITY | | | | | | | | | | | | | | | |
| Jackson (| | 05222019 1132 5 1-FATAL 2-SERIOUS INJURY | | | | | | | | | | | | | | | |
| 1 NORTH | LATITUDE DECIMAL DEGREES SUSPECTED | | | | | | | | | | | | | | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST WHIPPLE | | | | | | | | | 3 - MINOR INJURY SUSPECTED | | | | | | | | |
| | USE # |) | RO A | D TYPE | | ONGITUDE | DECIMAL DEGRI | EES | | NJURY P | | | | | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | L | | | 98 | | ROPERTY | Y DAMAGE | | | | | | | | | |
| REFERENCE POINT DIRECTION | ROUTE TYPE | INTERSECTION RELATED | | | | | | | | | | | | | | | |
| 3 | · INTERSTATE ROUTE(TP) AL | RD - R | | | WITHIN INT | | | | Н | | | | | | | | |
| 3- HOUSE # 3- EAST | FEDERAL US ROUTE BL | QUARE TREET | WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | | | | | | | | | | | | | |
| DISTANCE DISTANCE CR | NUMBERED COUNTY ROUTE | ERRACE | | | | | | | | | | | | | | | |
| FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - | RAIL /AY | | | | | | | | | | | | | | | | |
| 2-FEET CADWAY DIVIDED ITR-NOWBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE ROADWAY DIVIDED | | | | | | | | | | | | | | | | | |
| LOCATION OF FIRST HARMFUL EVEN | | DIRECTION OF TRAVEL MEDIAN TYPE | | | | | | | | | | | | | | | |
| 0 6 1 - ON ROADWAY 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 6 1 - NOT COLLISION 4 - REAR-TO-REAR BETWEEN 5 - BACKING 5 - BACKING | | | | | | | | 1 - NORTH 1 - DIVIDED FLUSH MEDIAN | | | | | | | | | |
| 3 - IN MEDIAN 11 - RAILWAY G | | 3 - FAST 2 - DIVIDED FLUSH MEDIAL | | | | | | | | | | | | | | | |
| 4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS | SE PATHS OR TRA | | | | SAME DIRE OPPOSITE D | | (≥4 FEET) 4 - WEST 3 - DIVIDED, DEPRESSED M | | | | | | MEDIAN | | | | |
| 6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE | J-IILA | D-0N 9 | - OTHE | R/UNK | KNOWN | | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) | | | | | | DIAN | | | | |
| 7 - 0N RAMP 14 - TOLL BOOT 8 - 0FF RAMP 99 - 0THER / UN | | | | | | | 9 - OTHER/UNKNOWN | | | | | | | | | | |
| WORK ZONE RELATED | WORK ZONE TYPE | LOCATIO | N OF C | RASH IN | WORK Z | ONE | CO | NTOUR | COI | FACE | | | | | | | |
| 1- | LANE CLOSURE | 1- | ETHE I | IST WORK | ZONE | l i | ï | ľ | ì | , | | | | | | | |
| 3- | LANE SHIFT/CROSSOVER WORK ON SHOULDER | 9 90 | 2 - ADVANCE WARNING AREA | | | | | | 1 - DRY | | | 1 - CONCR | ETE | | | | |
| | OR MEDIAN INTERMITTENT OR MOVING WORK | 200 | 3 - TRANSITION AREA 4 - ACTIVITY AREA | | | | | AIGHT GRADE | | | 2 - BLACKTOP, BITUMINOUS, | | | | | | |
| | OTHER | 25 | 5 - TERMINATION AREA | | | | | VE LEVEL VE GRADE | 3 - SNOW 4 - ICE | | | ASPHA | ALT | | | | |
| LIGHT CONDITION | WEATH | ER | | | | | 9 - OTHI | 3 - BRICK | | | | | | | | | |
| 1 - DAYLIGHT | 1 - CLEAR 2 - CLOUDY | 6 - SNOW | | | | | | OIL, GRAVE | | | | 4 - SLAG, STONE | | | | | |
| 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY | 7 - SEVERE | | DIRT, SNO | W | 6 - WATER (| | | | J-DIKI | | | | | | | | |
| 4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING | 4 - RAIN 5 - SLEET, HAIL | 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE | | | | | | | 7 - SLUSI | | 9 - OTHER/UNKNOWN | | | | | | |
| 9 - OTHER / UNKNOWN | 5 - SLEET, HAIL | | | | | 9 - OTHEI | R/UNKNOW | N | | | | | | | | | |
| NARRATIVE | ,1 | | 1 | I | J L | I I | T | | | J. | $\overline{\wedge}$ | Indicat | e the north | | | | |
| UNIT #1 STATES THAT SHE WAS STRI | JCK BY UNIT #2 WHILE S | HE WAS | | - | | - | | \rightarrow | | - $+$ | | direction an "N" | on the | | | | |
| ATTEMPTING TO EXIT THE PARKING L | OT OF THE LISTED LOCA | ATION. | | | | _ | | | | | | compas | ss diagram. | | | | |
| UNIT #2 STATES THAT SHE WAS STRI | JCK BY UNIT #1 WHILE S | HE WAS | - | | | | | | | | | | | | | | |
| ATTEMPTING TO EXIT THE PARKING L | OT OF THE LISTED LOCA | ATION. | - | | | | | | | | | | _ | | | | |
| REPORTING OFFICER IS NOT ABLE TO | DETERMINE WHICH UN | IIT IS AT | | | | | | | | | | | | | | | |
| FAULT. GM | | | | | | | | | | | | + | | | | | |
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| | | | | | | | | | | | | | | | | | |
| | DISPATCH DATE/TIME | Soundstead | | DATE / T | | | | NE CLEARED | | | 10000000 | PORT TAK | ALTONOMORE OF | | | | |
| 05222019,1132,052 | 22019 1144 | 0522 | 2 U] | 9 . | 1,1,5,4 | T (| 152 | 22019 | 7, 12 | ۷ ۷ | = | MOTORIST | | | | | |
| TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT | | | | | | | TICER'S NAME* | | | | | | | | | | |
| _ | VVATSON, EDDIE SOTT | | | | | | ON, STEVEN ED BY OFFICER'S BADGE NUMBER* SUPPLEMENT (CORRECTION OR ADDI' 10 AN EXISTING REPORT SENT TO | | | | | | | | | | |
| 0 0 4 | 16 OFFICER'S BADGE NUMBER" 3 J CHECKED | | | | | | | | | | | | | | | | |

PAGE

| OHIO DES | OHIO DEPARTMENT PPUBLIC SAFETY MOTORIST / NON-MOTORIST / NON-MOTORIST | | | | | | | | | 19-24060 | | | | | | | | |
|--|---|-------------------------|--------------------|---|---|---|--------------|-----------------------------------|---------------|---|---|---|-----------------------------------|-------------------------|-----------------------|--|--|--|
| UNIT # | # NAME: LAST, FIRST, MIDDLE | | | | | | | | | DATE OF BIRTH AGE GENDER | | | | | | | | |
| | FISHER, MARYANN K | | | | | | | | | 11301952 66 F | | | | | | | | |
| 5128 k | ss: street, city, state, zip BKSTNE MAGNOLIA OH 44643 | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| INJURIES | | EMS AGENCY (NAME) | 0-10 | INJURED | TAKEN TO | : MEDICAL FACILITY | (NAME, CITY) | SAFETY EQUI | PMENT | | SEATING POSIT | ION AIR B | AG USAGE | EJECTION | TRAPPED | | | |
| NON | TAKEN BY | | | | USED O | | | | | MC HE | | rli | 1 | 11 | l. 1 | | | |
| ADDRESS: 5128 INJURIES OL STATE X X | OPERATOR LICENSE NUMBER ********* | | | | | RGED | LOCAL | OFFENSE | DESC | RIPTION | | | CITATION NUMBER | | | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT | | RIVER ALCOHOL / DRUG SUSPECTED CO | | | | | ON | | COHOL TEST | | DRUG TEST(S) | | | | | |
| | SELECT UP TO 2 | DIS' BY | | | ALCOHOL MARIJUANA OTHER DRUG | | | | | STATUS | YPE VALUE | STATUS | S TYPE | RESUL | SELECT UP TO 4 | | | |
| UNIT_# | NAME: LAST, F | FIRST, MIDDLE | | | <u> </u> | THEN PROG | | ĮL | | | DATE OF BIRTH | <u> </u> | AGE GENDER | | | | | |
| 02 | HINTON | I, VICTORIA L | | | | | | | | 1112 | 201944 | | r h | 74 | , F | | | |
| ADDRESS: | STREET, CITY, ST | ATE, ZIP | | | | | | | | CONTACT | PHONE - INCLUDE AREA | CODE | | | , | | | |
| 2827 H | HAIR PL S | SW CANTON OH 4 | 14710 | | | | | | | | 1 1 1 | 1 | 1 | 1 1 | 1 1 | | | |
| ADDRESS: | INJURED EMS AGENCY (NAME) TAKEN BY | | | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME USED 2 | | | | | | SEATING POSIT | ION AIR B | N AIR BAG USAGE EJECTION TRAPPED | | | | | |
| | OPERATOR L | ICENSE NUMBER | | OFFEN: | SE CHAI | RGED | LOCAL | OFFENSE | DESC | RIPTION | | CITATION NUMBER | | | | | | |
| OL STATE | ******* | • | | | | | CODE | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | DI | RIVER STRACTED | _ | ALCOHOL / DRUG SUSP | | CONDITI | CONDITION | | YPE VALUE | STATUS | | G TEST(S |) Γ select up to 4 | | | |
| 1 1 | l 11 1 | | BY | | | THER DRUG | TIJUANA | ı | 1 | r iii | | l _r | 111 | 111 11 | 11 11 1 | | | |
| UNIT # | NAME: LAST, F | FIRST, MIDDLE | | | | | | | DATE OF BIRTH | | | AGE | GENDER | | | | | |
| 1 1 | | | | | | | | | | | 1 1 1 1 | | | | | | | |
| ADDRESS: | STREET, CITY, ST | ATE, ZIP | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| 010 | | | | | | | | | | | | + | 1 | <u> </u> | | | | |
| ADDRESS: | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED | TAKEN TO | : MEDICAL FACILITY | (NAME, CITY) | USED USED | PMENT | DOT-CO | | ION AIR B | BAG USAGE | EJECTION | TRAPPED | | | |
| OL STATE | | | | | OFFENSE CHARGED LOCAL OFFENSE DE | | | | | | | | ITATION NUMBER | | | | | |
| OL STATE | OF ENATOR E | UPERATUR LICENSE NUMBER | | | | CODE | | | | | | | OTTATION NOMBER | | | | | |
| OL CLASS | ENDORSEMENT | | | RIVER | ALC | OHOL / DRUG SUSP | ECTED | CONDITION | ON | | ALCOHOL TEST TUS TYPE VALUE : | | | G TEST(S |) Γ SELECT UP TO 4 | | | |
| | SELECT UPTO 2 | | | | | LCOHOL MARIJUANA | | | | STATUS | TTE VALUE | ALUE STATU | | KESOL | I SELECTOPIO 4 | | | |
| INIII | IRIES | SEATING POSITION | | AIR BAG | 0. | THER DRUG OL CLAS | s | OL PES | TRIC | TION(S) | DRIVER DISTRA | CTION | | TEST STA | TIIS | | | |
| 1 - FATAL | MILS | 1 - FRONT - LEFT SIDE | 1 - NOT DE | | | | | | | | 1 - NOT DISTRACTED | CTION | 1 - NONE GIVEN | | | | | |
| 2 - SUSPECTED 3 - SUSPECTED | 2 FRONT MIDDLE | | | | OYED FRONT 2 - CLASS B | | | | | E ONLY NSES | 2 - MANUALLY OPERAT ELECTRONIC COMM | | | | | | | |
| 4 - POSSIBLE IN | 2 EDON'T DICHTCIDE | | | | OYED SIDE 3 - CLASS C OYED BOTH FRONT / SIDE 4 - REGULAR CLASS | | | | | Noto | DEVICE (TEXTING, T DIALING) | YPING, | NG, SAMPLE / UNUSABLE | | | | | |
| 5 - NO APPAREN | (MOTORCYCLE PASSENGER) | | | | PPLICABLE (OHIO = D) 5 - M/C MOPED ONLY | | | | | A BUS | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | | | E TEAT ANIEN BEAULTA | | | | |
| INJURED | 5 - SECOND - MIDDLE 9 - DEPLOYMENT UNKNOWN 6 - SECOND - RIGHT SIDE | | | | JWN | 6 - NO VALID OL | | 6 - EXCEPT & CLASS | | | 4 - TALKING ON HAND-H | IELD | LD UNKNOWN | | | | | |
| 1 - NOT TRANSP /TREATED AT | T SCENE 7-THIRD - LEFT SIDE EJECTION | | | | | OL ENDORSE | MENT | 7 - EXCEPT | | | 5 - OTHER ACTIVITY WI | | ALCOHOL TEST TYPE | | | | | |
| 2 - EMS | (MOTORCYCLE SIDE CAR) 1 - NOT EJECTED 8 - THIRD - MIDDLE 2 PARTIALLY EJECTED | | | | | H - HAZMAT | | RESTRIC | TIONS | | ELECTRONIC DEVIC 6 - PASSENGER | Ē | 1 - NONE 2 - BLOOD | | | | | |
| 3 - POLICE 9 - OTHER / UNK | 0 THIRD DIGHT CIDE | | | | | M - MOTORCYCLE 9 - LEARNER'S PI P - PASSENGER RESTRICTION: | | | | | 7 - OTHER DISTRACTION | | 3 - URINE | | | | | |
| SAFFTY F | 10 - SLEEPER SECTION 4 - NOT APPLICABL OF TRUCK CAB 4 - NOT APPLICABL | | | | LE N-TANKER | | | | | LIGHT ONLY | | | | 4 - BREATH 5 - OTHER | | | | |
| 1 - NONE USED | 11 DASSENCED IN OTHER | | | | Q - MOTOR SCOOTER R - THREE-WHEEL MO | TORCYCLE | 12 - LIMITED | | THE VEHICLE | | | DRUG TEST TYPE | | | | | | |
| | LDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATED BY | | | S - SCHOOL BUS 13 - MECHANICAL I (SPECIAL BRAI | | | | | | | | 1 - NONE | | | | | | |
| | - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECH | | | HANICAL MEANS X - TANKER / HAZMAT | | | | | S, OR O | | 1 - APPARENTLY NORM | 2 - BLOOD 3 - URINE | | | | | | |
| | | | 3 - FREED NON-M | ED BY -MECHANICAL MEANS -MECHANICAL MEANS -MECHANICAL MEANS | | | | 14 - MILITAR | | | ES ONLY 2 - PHYSICAL IMPAIRMENT | | | 4 - OTHER | | | | |
| | RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR | | | F-FEMALE | | | | (ES | ES WITHOUT | 7ITHOUT 3 - EMOTIONAL (E.G., DEPRESS ANGRY, DISTURBED) | | | DRUG TEST RESULT(S) | | | | | |
| 7 - BOOSTER SE | OSTER SEAT 15 - NON-MOTORIST | | | M - MALE | | | | 16 - OUTSIDE | | | 4- ILLNESS | ED | 1 - AMPHETAMINES 2 - RARRITURATES | | | | | |
| | - HELMET USED 99 - OTHER / UNKNOWN | | | U - OTHER / UNKNOWN | | | | 17 - PROSTHETIC AID 18 - OTHER | | | 5 - FELL ASLEEP, FAINT FATIGUED, ETC. | 2 - BARBITURATES 3 - BENZODIAZEPINES | | | | | | |
| (ELBOW, KNE | PROTECTIVE PADS USED ELBOW, KNEES, ETC.) | | | | | | | | | 6 - UNDER THE INFLUE! OF MEDICATIONS / D | 4 - CANNABINOIDS | | | | | | | |
| | EFLECTIVE CLOTHING IGHTING – PEDESTRIAN | | | | | | | | | | /ALCOHOL 9-OTHER/UNKNOWN | 5 - COCAINE 6 - OPIATES / OPIOIDS | | | | | | |
| / BICYCLE ON | / BICYCLE ONLY | | | | | | | | | | | | 7 - OTHER 8 - NEGATIVE RESULTS | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | 8 - NEG | MIIVE RESU | LI 3 | | | | |

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