OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*									
PHOTOSTAKEN OH-2 X 0H-3		19-24287								
SECONDARY CRASH OH-1P OTHER	REPORTING AGENCY NAME* JACKSON TWP PO	LICE DEDARTME	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 98 - ANIMAL							
COUNTY* LOCALITY* LOCATION: CIT	CRASH DATE / TIME* CRASH SEVERITY									
76 3 1-CITY Lockson	05232019 1746 5 1-FATAL									
J NORTH	2 - SERIOUS INJURY LATITUDE DECIMAL DEGREES SUSPECTED									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	Į ĄV į		1 7 7 1	3 - MINOR INJURY SUSPECTED						
	REFERENCE ROAD NAME (ROAD), MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES 4	4 - INJURY POSSIBLE				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	6595			l-, , , , , , , , , , , , , , , , , , ,		5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATE	ED				
2 MILE POST 2 COUTU		L - ALLEY HW - HIGHWAY V - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPRO	ACH				
□ 3- HOUSE # □ 3- EAST	STATE ROUTE BL	L - BOULEVARD MP - MILEPOS R - CIRCLE OV - OVAL		WITHIN INTERCHANGE AREA NUMBER OF APPROACHES						
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT	TE - TERRACE TL - TRAIL	ROADWAY							
1-MILES TR- 2-FEET 3-YARDS	WA - WAY	ROADWAY DIV	/IDED							
LOCATION OF FIRST HARMFUL EVEN	T MAN	NNER of CRASH COLLISION/I	MPACT	DIRECTION OF TRAVE	L MEDI/	AN TYPE				
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY	ALLEY ACCESS C BET	T COLLISION 4 - REAR-TO-RE TWEEN 5 - BACKING	EAR	1 - NORTH	1 - DIVIDED (<4 FEE	FLUSH MEDIAN				
3 - IN MEDIAN 11 - RAILWAY G 4 - ON ROADSIDE 12 - SHARED US	RADE CROSSING L VEI	O MOTOR HICLES IN 6 - ANGLE ANSPORT 7 - SIDESWIPE	CAME DIDECTION	2 - SOUTH 3 - EAST	2 - DIVIDED (≥4 FEE	FLUSH MEDIAN				
5 - ON GORE TRAILS	2 - REA	AR-END 8 - SIDESWIPE	, OPPOSITE DIRECTION	4 - WEST	3 - DIVIDED,	DEPRESSED MEDIAN				
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 7 - ON RAMP 14-TOLL BOOT	J-IIL	KNOWN		(ANY TY						
8 - OFF RAMP 99-OTHER / UN	IKNOWN	T			9 - OTHER/U	1				
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH I 1 - BEFORE THE	N WORK ZONE 1ST WORK ZONE	contour conditions surf						
WORKERS PRESENT 2 -	LANE SHIFT/CROSSOVER	WARNING SI 2 - ADVANCE WA		1 - STRAIGHT LEVEL	1 - CONCRETE					
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3-TRANSITION	AREA	2 - STRAIGHT GRADE	2 - STRAIGHT GRADE 2 - WET 2 - BLACK					
	INTERMITTENT OR MOVING WORI OTHER	K 4 - ACTIVITY AR 5 - TERMINATIO		3 - CURVE LEVEL	ASFIIA					
LIGHT CONDITION	WEATH	HER		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK				
9 1 - DAYLIGHT 2 - DAWN/DUSK	O O 1-CLEAR	6 - SNOW 7 - SEVERE CROSSWINDS		5 8 80-20 120	OIL, GRAVEL	4 - SLAG, GRAVEL, STONE				
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOK	E 8 - BLOWING SAND, SOIL,			6 - WATER (STANDING, MOVING)	5 - DIRT 9 - OTHER/UNKNOWN				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FR 99 - OTHER / UNKNOWN	EEZING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN) omenomination				
9 - OTHER / UNKNOWN			, omenominown							
NARRATIVE			, , ,	1 1 1 1		Indicate the north direction with				
UNIT ONE WAS PARKED NOSE-IN, FAG ABOVE ADDRESS. UNIT TWO WAS PA						an "N" on the compass diagram.				
THE EAST OF UNIT ONE. UNIT TWO PITURNED LEFT (WEST) AND STRUCK L						-				
, ,	SINIT ONE. OINT TWO IO F	ATTAOET.								
U-397		_								
_KB		_								
		-								
		-								
		<u> </u>								
Personal Control Contr	DISPATCH DATE/TIME	ARRIVAL DATE / 1	35040.000	SCENE CLEARED	TOTAL TELEVISION OF THE PERSON	REPORT TAKEN BY POLICE AGENCY				
	32019 1747	05232019		05232019		MOTORIST				
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT		ILLIAM	CHECKED BY OFFI	CER'S NAME* ON, STEVEN	苊	SUPPLEMENT				
			CER'S BADGE NUMBER* (CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO ODPS							
		, , 9 , 2	الســــــــــــــــــــــــــــــــــــ	1 1 1	2 , 2 ,					

PAGE

J FIRST HARMFUL EVENT

PAGE

OHO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST							19-24287									
UNIT #	T # NAME: LAST, FIRST, MIDDLE								DATI	E OF BIRTH			AGE	GENDER		
$\overline{\Omega}$	PARKED, UNOCCUPIED							F								
ADDRESS:	STREET, CITY, STATE, ZIP						CONTACT	T PHONE	- INCLUDE AREA	CODE						
NJURIES	INJURED	EMS AGENCY (NAME)		INJUREDT	AKENTO	: MEDICAL FACILITY	(NAME CITY)	SAFETY FOUIPMENT		Î	SEATING POSITIO	IN ATP BA	G USAGE	EJECTION	TRAPPED	
5	TAKEN BY			THOUSE !	ANENTO		(IVAME, OTTI)	USED		OMPLIANT ELMET	1 1	III AIN DA	1	1.1	11	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITA	TION	IUMBER		
ADDRESS: ADDRESS: INJURIES OL STATE							CODE									
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI		CONDITION		TYPE	TEST VALUE	STATUS	TYPE	G TEST(S RESULT	SELECT UP TO 4	
1			".	1	=	THER DRUG	NIO O AIVA			•١						
UNIT #	NAME: LAST, F	FIRST, MIDDLE							10		E OF BIRTH			AGE	GENDER	
\cup	ABERTI	H, MADELINE A							10192000					18	F	
ADDRESS:	STREET, CITY, ST	ate, ZIP Y DR WADSWOR	TU 0U	44204					CONTACT	T PHONE	- INCLUDE AREA	CODE				
5		EMS AGENCY (NAME)	тн он			: MEDICAL FACILITY	(NAME OFFICE	CAFETY FOILIDMENT			SEATING POSITIO	IN ATD DA	CHEACE	EJECTION	TRAPPED	
- NON 5	TAKEN BY	EMS AGENCY (NAME)		INJUREDI	AKENTO	: MEDICAL PACILITY	(NAME, CITY)	AME, CITY) SAFETY EQUIPMENT USED 4			01	IN AIR BA	1 05465		1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	INSE DESCRIPTION			CITATION NUMBER				
	******	•					CODE									
0L 0LA33	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED		OHOL / DRUG SUSPI		CONDITION		COHOL TYPE	TEST VALUE	STATUS		G TEST(S RESULT) 「SELECT UPTO 4	
4			BY	,	=	LCOHOL MAI	RIJUANA	[1 ,		T		1	<u> </u>	1 1	n: n :	
UNIT #	NAME: LAST,	FIRST, MIDDLE								DATI	E OF BIRTH			AGE	GENDER	
														1 1 2		
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
010	I I .							T	ш		1 1	1				
ADDRESS: INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDT	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED USED		OMPLIANT ELMET	SEATING POSITIO	IN AIR BA	IG USAGE	EJECTION	TRAPPED	
	OPERATOR L	OPERATOR LICENSE NUMBER OFFENSE CHA			RGED	LOCAL	OFFENSE DESC	RIPTION			CITA	TION N	IUMBER	<u> </u>		
OL STATE						CODE										
OL CLASS	SELECT UPTO 2 RESTRICTION SELECT UPTO 3 DRIVER DISTRACTED DISTRACTED			OHOL / DRUG SUSPECTED CONDITION		ALCOHOL TEST STATUS TYPE VALUE STA			STATUS	DRUG TEST(S) ATUS TYPE RESULT SELECT UP TO 4						
1			BY	7		LCOHOL MAI THER DRUG	RIJUANA	, ,		Tow I				11 11	n: n 1	
INJU	RIES	SEATING POSITION		IR BAG		OL CLAS	S	OL RESTRIC	TION(S)		ER DISTRAC	TION		TEST STA	TUS	
1 - FATAL	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)					1 - ALCOHOL INTER 2 - CDL INTRASTAT			IC AN	1 - NONE GIVEN AN 2 - TEST REFUSED					
3 - SUSPECTED		2 - FRONT - MIDDLE	3 - DEPLOY			2 - CLASS B 3 - CLASS C		3 - CORRECTIVE LE		ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,		NICATION	ON 3 - TEST GIVEN, CONTAMINATED			
4 - POSSIBLE IN		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE	4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE			4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER	4 BUO	DIAL	LING)	4 - TEST GIVEN RESULTS KNOWN				
	(MOTORCYCLE PASSENGER)		D- NUT APPLICABLE D- I			6 - EXCEPT CLASS			KING ON HANDS-F IMUNICATION DEV							
INJURED TAKEN BY 1 - NOT TRANSPORTED 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE						& CLASS B BUS 7 - EXCEPT TRACTO	T INCIDITO ON TIMES TICES									
/TREATED AT SCENE 7 - THIRD - LEFT SIDE		EJECTION OL ENDORSEMENT			8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			1 - NONE						
2 - EMS 3 - POLICE 8 - THIRD - MIDDLE			1 - NOT EJECTED H - HAZMAT 2 - PARTIALLY EJECTED M - MOTORCYCLE			RESTRICTIONS 9 - LEARNER'S PERMIT		6 - PASSENGER			2 - BL00D					
9 - OTHER / UNK	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION		3 - TOTALLY EJECTED P - PASSENGER				RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE 4 - BREATH					
SAFETY EQUIPMENT OF TRUCK CAB		4 - NUT APPLICABLE N - TANKER			11 - LIMITED TO EMPLOYMENT 8 - OTHER DISTRACTION O											
1 - NONE USED	ENCLOSED CARGO AREA		TRAPPED R - THREE-WHEEL MOTORCYCLE 12 - L				12 - LIMITED - OTHER 13 - MECHANICAL DEVICES 9 - OTHER / UNKNOWN		DRUG TEST TYPE			TYPE				
3 - LAP BELT ONLY USED		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRICATED BY			S - SCHOOL BUS (SPECIAL BRA T - DOUBLE & TRIPLE TRAILERS CONTROLS, OR		CES, HAND		1 - NONE 2 - BLOOD						
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM –		12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY					ADAPTIVE DEVI	/ICES) 1 - APPARENTLY NORMAL		3 - URINE					
FORWARD FA	ACING	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-MECHANICAL MEANS IOR			GENDER 15 - MOTOR VEHI		15 - MOTOR VEHICLE	ES WITHOUT 3 - EMOTIONAL (E.G., DEPR		ESSED,					
6 - CHILD RESTRAINT SYSTEM – REAR FACING		(NON-TRAILING UNIT)	OIL .			1 TEMPLE		AIR BRAKES 16 - OUTSIDE MIRRO			ANGRY, DISTURBED) 4 - ILLNESS		DRUG TEST RESULT(S) 1 - AMPHETAMINES			
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN 17 - PROSTHETIC					D,	2 - BARBITURATES				
9 - PROTECTIVE	PADS USED					18-OTHER			6 - UNDER THE INFLUENCE			3 - BENZODIAZEPINES 4 - CANNABINOIDS				
(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING											IEDICATIONS / DRI COHOL	ATTUNS / DRUGS				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY										9 - OTHE	ER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTHER / UNKNOWN												GATIVE RESUI	LTS			

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OHO DEPARTMENT OCCUPANT / WITNESS ADDENDUM							19-24287								
	UNIT # NAME: LAST, FIRST, MIDDLE VAIBEL, TAYLOR E							DATE OF BIRTH AGE GENDER 19 F							
CCUPANT		ADDRESS: STREET, CITY, STATE, ZIP 7397 BEAR SWAMP RD WADSWORTH OH 44281							CONTACT PHONE - INCLUDE AREA CODE						
000		INJURED	VVAIVIP RD VVAD	1 1 1	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED							
	5	TAKEN BY	AND 100 /00 in 100		10 Aug 1		USED 99	MC HELMET	_03_	1	_1_	_1_			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
LN	ANDRES. STREET SITS STATE 7/D							CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	ADDRESS: STREET, CITY, STATE, ZIP														
ō	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
	UNIT#	NAME: LAS	T, FIRST, MIDDLE				•	DAT		AGE	GENDER				
L	ADDRESS	: STREET, CITY,	STATE 7IP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	NDD NEO		VIAIL, 211					MOLOSE AREA GODE							
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
T	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
L	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE							
OCCUPAN								CONTACT PHONE	- INCLUDE AREA CO	DE					
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		INJU	JRIES	SAFETY	/ EQUIPMENT USED		SEATING POS	SEGMENTS HOSPICALISM TO		AIR BAG U	SAGE				
	1 - FATAL 1 - NONE USED - 1 - FRONT - LEFT SIDE VEHICLE OCCUPANT (MOTORCYCLE DRIV														
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - CHILD RES				ER BELT ONLY USED		IT – MIDDLE IT – RIGHT SIDE	:	3 - DEPLO						
					T ONLY USED 4 - SECOND – LEFT (MOTORCYCLE P			Ē	4 - DEPLOYED BOTH FRONT/SIDE						
					STRAINT SYSTEM -	5 - SECO	ND – MIDDLE		5 - NOT APPLICABLE						
				FORWARI 6 - CHILD RE	STRAINT SYSTEM -	ND – RIGHT SID D – LEFT SIDE	IDE 9 - DEPLOYMENT ONKNOW								
	, THE HE STATE OF THE			REAR FA			ORCYCLE SIDE D – MIDDLE	CAR)	EJECTION 1 - NOT EJECTED						
			8 - HELMET			D – RIGHT SIDE PER SECTION (2 - PARTIALLY EJECTED						
				IVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTHI	HER ENCLOSED 3 - TOTALLY EJECTED								
GENDER				IVE CLOTHING	BUS, P	PICK-UP WITH CAF ENGER IN UNE	(P)								
	M - MALE 11 - LIGHTIN / BICYCL				G – PEDESTRIAN E ONLY	CARG	1 - NOTTRAPPED								
	U - OTHER / UNKNOWN 99 - OTHER /				JNKNOWN	2 - EXTRICATED BY MECHANICAL MEANS									
						15 - NON-	TRAILING UNIT) MOTORIST TR / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS							
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
>		352K	26						1 1		1				
ESS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
WITNE	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
	NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER				
NESS															
WITN	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
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