OHIO DEPARTMENT TRAFFIC CRASH		1 9 - 4 6 6 3 6								
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION									
SECONDARY CRASH OH-1P OTHER Mary Private Property	REPORTING AGENCY NAME* JACKSON TWP POL	LICE DEPARTM	HIT/SKIP 1 - SOLVED 2 - UNSOLVED							
COUNTY* LOCALITY* LOCATION: CITY	2 1 - SOLVED									
76 3 2-VILLAGE Jackson (2 - SERIOUS INJURY									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	ROAD TYPE	3 - MINOR INJURY								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	REFERENCE ROAD NAME (ROAD,	, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	LONGITUDE DECIMAL DEGREES 4-INJURY POSSIB					
E S EROI	4721			<u>.</u>		5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYP	Ε		INTERSECTION REL					
3 1-INTERSECTION 1-NORTH IR -	INTERSTATE ROUTE(TP) AL FEDERAL US ROUTE AV	AY RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH							
3- HOUSE # 3- EAST	STATE ROUTE BL	ST ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT	R - CIRCLE OV - OVAL C - COURT PK - PARKW	TE - TERRACE AY TL - TRAIL	ROADWAY						
1-MILES TR- 2-FEET	ROUTE	R - DRIVE PI - PIKE E - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVEN		NNER OF CRASH COLLISION		DIRECTION OF TRAVEL MEDIAN TYPE						
0 6 2 - ON SHOULDER 10-DRIVEWAY/	ALLEY ACCESS 9 BET	COLLISION 4-REAR-TO- FWEEN 5-BACKING O MOTOR	KLAK	1 - NORTH , 2 - SOUTH	(< 4 F	VIDED FLUSH MEDIAN <4 FEET)				
4 - ON ROADSIDE 12-SHARED US	RADE CROSSING L - VEH	HICLES IN 6 - ANGLE	E, SAME DIRECTION	3 - EAST 4 - WEST	(≥4 F	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)				
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REA 3 - HEA		E, OPPOSITE DIRECTION NKNOWN	3 - DIVIDED, DEPRESSED MEDIA 4 - DIVIDED, RAISED MEDIAN						
7 - ON RAMP 14-TOLL BOOTI 8 - OFF RAMP 99-OTHER/UN				(ANY TYPE) 9 - OTHER/UNKNOWN						
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASI	IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE				
1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	1 - BEFORE TH WARNING	E 1ST WORK ZONE SIGN								
— I AW ENFORCEMENT PRESENT 3-1	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE \ 3 - TRANSITIO	/ARNING AREA N AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE				
4-	INTERMITTENT OR MOVING WORK OTHER		REA	2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS, ASPHALT				
			ONARLA	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK				
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT OIL, GRAVEL	4 - SLAG, GRAVEL, STONE				
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMOKE	7 - SEVERE CROSSWINI E 8 - BLOWING SAND, SOI		(RT, SNOW 6 - WATER (STANDING, MOVING) 5 -						
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	9 - FREEZING RAIN OR 99 - OTHER / UNKNOWN	REEZING DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN					
9 - OTHER / UNKNOWN	5 - SLEET, HAIL	,, , , , , , , , , , , , , , , , , , , ,			9 - OTHER/UNKNOW	N				
NARRATIVE						Indicate the north direction with				
ON 10/05/2019, UNIT #1 WAS PARKED NW., WHEN THE OWNER OF UNIT #1 F		_				an "N" on the compass diagram.				
OBSERVED A DENT IN THE REAR OF HE	HER VEHICLE. UNKNOW	'N UNIT #2								
OF THE CRASH, WITHOUT LEAVING A		L SCLINE				-				
JA		_								
		-								
						+ +				
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE	/TIME	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY				
Particular Application of the Control of the Contro	52019 1930	10052019	-0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -	10052019	Figure 1910 Company Company	POLICE AGENCY				
TOTAL TIME OTHER TOTAL	L OFFICER'S NAME*		CHECKED BY OFFI	V OFFICER'S NAME*						
ROADWAY CLOSED INVESTIGATION TIME MINUT	ROUSE, WATTI	HEW		PPOCK, JASON CHECKED BY OFFICER'S BADGE NUMBER* SUPPLEM (CORRECTION TO AN EXISTING R						
0 0 3	OFFICER'S BA	1 2 , 2		1,0,0,						

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

42 - CULVERT

3 - UNDETERMINED

POSTED SPEED

48 - TREE

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST							19-46636									
UNIT # NAME: LAST, FIRST, MIDDLE O. 1 PARKED, UNOCCUPIED									DATE OF BIRTH AGE GEND							
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE									
INJURIES		EMS AGENCY (NAME)		INJUREDT	AKEN TO	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	DOT-C	SEATII OMPLIANT	NG POSITION	AIR BAG	USAGE	EJECTION	TRAPPED	
	TAKEN BY					707 52 705 02 20		Шмс не		1 (<u> </u>	<u>, l</u>		
OL STATE	OL STATE OPERATOR LICENSE NUMBER OFFENSE C				SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION			CITATION NUMBER				
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DISTRACTED			OHOL / DRUG SUSPE LCOHOL MAF		CONDITION		TYPE VAL	UE S	TATUS	TYPE	RESULT	SELECT UP TO 4	
UNIT #	NAME: LAST,	FIRST MIDDLE	」						DATE OF BIRTH AGE						GENDER	
02	~	WN, UNKNOWN							M AGE GEND						Management of the Control of the Con	
ADDRESS:	STREET, CITY, ST	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
INJURIES ON THE STATE OF THE ST	INJURED TAKEN BY	EMS AGENCY (NAME) INJURED TAK			AKEN TO	TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPM USED			T DOT-COMPLIANT SEATING POSITION MC HELMET			AIR BAG	AIR BAG USAGE EJECTION TRAPPED			
OL STATE	OPERATOR L	ICENSE NUMBER	NSE NUMBER OFFENSE CHA			RGED	LOCAL CODE	OFFENSE DESC	CRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER FRACTED		OHOL / DRUG SUSPE		CONDITION		COHOL TEST	UE S	TATUS	DRUG TYPE	TEST(S) RESULT	SELECT UPTO 4	
UNIT #	NAME: LAST.	OTHER DRUG					DATE OF BIRTH AGE GE						GENDER			
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE									
INJURIES	INJURED TAKEN BY	AKEN): MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING POSITION			AIR BAG	USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR L	LICENSE NUMBER OFFENSE CHAI			RGED	LOCAL CODE	OFFENSE DESC	RIPTION C				CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER FRACTED		OHOL / DRUG SUSPE	CTED RIJUANA	CONDITION	STATUS TYPE VALUE		UE S	STATUS	DRUG TEST(S) ATUS TYPE RESULT SEL			
L IN III	JRIES	SEATING POSITION		IR BAG	0.	THER DRUG OL CLASS		OL RESTRIC	LUIL	DRIVER D		TON			TUS	
1 - FATAL	TKIES	1 - FRONT - LEFT SIDE	1 - NOT DEP				1 - ALCOHOL INTER						1 - NONE GIVEN			
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYI				2 - CDL INTRASTAT		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION			2 - TEST REFUSED				
3 - SUSPECTED 4 - POSSIBLE IN	3- SUSPECTED WINDRINGRY 2 FROM T RICHT CIDE			PLOYED SIDE 3 - CLASS C PLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LENSES 4 - FARM WAIVER		DEVICE (TEXTING, TYPING,			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
	5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE 5 - NOT APPA			(UHIU = U)							DIALING) 3 -TALKING ON HANDS-FREE 4 - TEST GIVEN,			ULTS KNOWN		
TNUIDED	(MOTORCYCLE PASSENGER) 9 - DEPLOYMENT 5 - SECOND - MIDDLE			MENT UNKNO							CE 5 - TEST GIVEN, RESULTS					
1- NOT TRANSPORTED 6- SECOND - RIGHT SIDE			7 - EXCEPT TRACT			& CLASS B BUS	1 Menting of thinks frees			F						
	/TREATED AT SCENE 7 - THIRD – LEFT SIDE			EJECTION OL ENDORSEMENT 8- INTERMEDIA			8 - INTERMEDIATE	E LICENSE 5 - OTHER ACTIVITY WITH			AN 1-NONE					
2 - EMS	9 THIRD MIDDLE						RESTRICTIONS				2 - BL00D					
3 - POLICE 9 - OTHER / UNK	POLICE 2 - PARTIALLY EJECTED OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY EJECTED			P - PASSENGER RESTRICTION			AVIII I			3 - URINE						
10 - SLEEPER SECTION 4 - NOT APPLICABLE					N - TANKER 10 - LIMITED TO DA			YLIGHT ONLY INSIDE THE VEHICLE			4 - BREATH					
SAFETY EQUIPMENT OF TRUCK CAB 11 - PASSENGER IN OTHER TRADEPO				Q - MOTOR SCOOTER		11 - LIMITED TO EMP	THE VEHICLE			ITSIDE	DE 5 - OTHER					
1 - NONE USED	2 - SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED			PPED	R - THREE-WHEEL MOTORCYCLE 12 - LIMITED – OTH			9 - OTHER / LINKNOWN				DRUG TEST TYPE				
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA		2 - EXTRICA	ATED BY T - DOUBLE & TRIPLETRAILERS			(SPECIAL BRAKES, HAND		CONDITION			1 - NONE 2 - BLOOD				
4 - SHOULDER &	4- SHOULDER & LAP BELL USED TE THOULDER IN ONE HOLDER			MECHANICAL MEANS X - TANKER / HA7MAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - APPARENTLY NORMAL			3 - URINE				
	5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 13 - TRAILING UNIT			3 - FREED BY NON-MECHANICAL MEANS			14 - MILITARY VEHICLES ONLY		2 - PHYSICAL IMPAIRMENT			4 - OTHER				
6 - CHILD RESTI	6 - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR			GENDER F-FEMALE			15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			DRUG TEST RESULT(S)				
	REAR FACING			M - MALE			16 - OUTSIDE MIRROR		4- ILLNESS			1-AMPHETAMINES				
7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN			U - OTHER / UNKNOWN			17 - PROSTHETIC AID		5 - FELL ASLEEP, FAINTED,			2 - BARBITURATES					
9 - PROTECTIVE PADS USED						18 - OTHER		FATIGUED, ETC. 6 - UNDER THE INFLUENCE			3 - BENZODIAZEPINES					
	(ELBOW, KNEES, ETC.)								OF MEDICATIONS / DRUGS			4 - CANNABINOIDS 5 - COCAINE				
	10 - REFLECTIVE CLOTHING										INE TES / OPIOID	S				
11 - LIGHTING – PEDESTRIAN / BICYCLE ONLY							7- UTILER / UNP				7 - OTHER					
99 - OTHER / UNK	CNOWN												8 - NEGA	ATIVE RESUL	.TS	

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