OHIO DEPARTMENT TRAFFIC CRASH	19-48718						
PHOTOSTAKEN OH-2 NOH-3							
SECONDARY CRASH X OH-1P OTHER X PRIVATE PROPERTY	REPORTING AGENCY NAME* JACKSON TWP POLICE DEPARTME	NUMBER OF UNITS C	NITS UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN				
county* Locality* Location:city 76 3 2-VILLAGE Jackson (1 - SOLVED						
3-10WNSHIP GAGREEN	LATITUDE DECIMAL DEGREES 2 - SERIOUS INJURY SUSPECTED						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	40,867	7001	- MINOR INJURY SUSPECTED				
	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES 4	- INJURY POSSIBLE		
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	6200		-81, 440250 5- PROPERTY DAMAGE				
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE ROAD TYPE		_ 1	NTERSECTION RELATE	D		
2 MILE POST 2 COUTU	- INTERSTATE ROUTE(TP) AL - ALLEY HW- HIGHWAY - FEDERAL US ROUTE AV - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTER	RSECTION OR ON APPROA	ACH		
3 - HOUSE # 3 - EAST	- STATE ROUTE BL - BOULEVARD MP - MILEPOST		WITHIN INTER	RCHANGE AREA NUN	MBER OF APPROACHES		
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE CR - CIRCLE	TE - TERRACE TL - TRAIL		ROADWAY			
	- NUMBERED TOWNSHIP DR - DRIVE PI - PIKE ROUTE	WA - WAY	ROADWAY DIV	IDED			
	HE - HEIGHTS PL - PLACE						
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER			DIRECTION OF TRAVEL	96.00 40.00 TMC	I N TYPE FLUSH MEDIAN		
1. \leq \pm	VALLEY ACCESS BETWEEN 5-BACKING TWO MOTOR 5-BACKING		42-SOUTH	(< 4 FEET	Γ)		
3 - IN MEDIAN 11-RAILWAY G 4 - ON ROADSIDE 12-SHARED US	RADE CROSSING L J VEHICLES IN 6-ANGLE SE PATHS OR TRANSPORT 7-SIDESWIPE,	SAME DIRECTION	3 - EAST 4 - WEST	(≥4 FEET	25 50		
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE		OPPOSITE DIRECTION	3 - DIVIDED, DEPRESSED 4 - DIVIDED, RAISED MED				
7 - ON RAMP 14-TOLL BOOT	TH STREAM	INOWN		E) NKNOWN			
8-OFF RAMP 99-OTHER/UN	IKNOWN				Ī		
WORK ZONE RELATED	WORK ZONE TYPE LOCATION OF CRASH IN LANE CLOSURE 1 - BEFORE THE 1		CONTOUR	conditions 1	SURFACE		
WORKERS PRESENT 2 -	LANE SHIFT/CROSSOVER WARNING SIG	N		_ <u></u>	1 000000575		
	WORK ON SHOULDER OR MEDIAN 2 - ADVANCE WAP 3 - TRANSITION A			1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,		
	INTERMITTENT OR MOVING WORK 4 - ACTIVITY ARE OTHER 5 - TERMINATION			3 - SNOW	BITUMINOUS, ASPHALT		
				4 - ICE	3 - BRICK/BLOCK		
LIGHT CONDITION 1 - DAYLIGHT	WEATHER _ 1-CLEAR 6-SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE		
1 2 - DAWN/DUSK	2 - CLOUDY 7 - SEVERE CROSSWINDS	SSWINDS 6 - WATER (STANDING, 5 - DIRT					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, D 4 - RAIN 9 - FREEZING RAIN OR FRE	8		7 - SLUSH	9 - OTHER/UNKNOWN		
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - OTHER / UNKNOWN						
DE DE SELECTION DE COMPANY DE CONTRACTOR DE		1 1 1			·		
NARRATIVE	PARKING LOT OF COOR FRANK				Indicate the north direction with an "N" on the		
UNIT 1 WAS TRAVELING WEST IN THE AVE NW. UNIT 2 WAS AT THE STOP SI	E				compass diagram.		
2 FAILED TO YIELD TO UNIT 1 AND ST LEFT, CAUSING DISABLING DAMAGE					-		
UNIT 1 COMPLAINED OF HEAD INJURY	Y. JACKSON TOWNSHIP EMS			(N -		
RESPONDED TO SCENE. UNIT 2 DID N	IOT COMPLAIN OF INJURY.				i) -		
JA]]		_		
			Unit 1		_		
		<u></u>			_		
				\	-		
		7 1 1			-		
		VE 10000 ED					
		VE (6200 FRANK E NW)		Not	To Scale		
	-						
Personal and the Control of the Cont	DISPATCH DATE/TIME ARRIVAL DATE/TI		SCENE CLEARED D		REPORT TAKEN BY		
10172019,1445, 101	<u>,72019 </u>	L 4 5 8 [1,0,1,7,2,0,1,9	1555	POLICE AGENCY MOTORIST		
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT		62.0 81 30	DFFICER'S NAME* SON STEVEN SUPPLEMENT				
	BY OFFICER'S BADGE N	\sim \sim 1	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				
	<u>í´ </u>		<u> </u>	2,2,			

MOST HARMFUL EVENT

J FIRST HARMFUL EVENT

PAGE

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST								19-48718									
	NAME: LAST, FIRST, MIDDLE J_1 FUGATE, JASON P								DATE OF BIRTH AGE GENDER 45 M								
2		RESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
0	105 IJURIES	QUAIL HILL ST NW NORTH CANTON OH 44720 INJURED EMS AGENCY (NAME) INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME									NT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
NON	3	TAKEN-	EMS AGENCY (NAME) JACKSON TOWNS	SHIP	INJUREDI	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED 04	□ DOT-Co	MPLIANT 0 1		USAGE	1	1 1		
-	L STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAF	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATION NUMBER					
M 01	L CLASS	ENDORSEMENT SELECT UP TO 2				1 ALCOHOL MARIJUANA			condition 1		YPE VALUE	STATUS TYPE RESULT SELECT UP TO 4					
	UNIT #	NAME: LAST, F	FIRST, MIDDLE				THER DRUG				DATE OF BIRTH			AGE	GENDER		
	J2		R, JACOB LENNON	1						05252001,				L 8	M		
		STREET, CITY, ST.	ate,zip R RITTMAN OH 442	270						CONTACT	PHONE - INCLUDE AREA CO	ODE L		1			
NON-M	JURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY USED				SAFETY EQUIPMENT USED 0 4	DOT-CO	AIR BAG	USAGE	EJECTION	TRAPPED			
	STATE	OPERATOR L	ICENSE NUMBER		OFFENS	OFFENSE CHARGED LOCAL OFFENSE DI				RIPTION	CITATION NUMBER						
ω <u>0</u>	L CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	DHOL / DRUG SUSPI		condition		YPE VALUE	STATUS	DRUG TYPE	RESULT	SELECT UP TO 4		
L						01	THER DRUG		<u> </u>		<u></u>		<u> </u>				
	UNIT#	NAME: LAST, F	FIRST, MIDDLE							DATE OF BIRTH AGE GENDE							
AIST _	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE							
10TOR		1							L			1 1					
NON-N	IJURIES	JURIES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED				DOT-COMPLIANT SEATING POSITION MC HELMET			USAGE I	EJECTION	TRAPPED			
ORIST	L STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL OFFENSE CODE			OFFENSE DESC	SCRIPTION			CITATION NUMBER					
≥ 0	LCLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	RESTRICTION SELECT UP TO 3 DRI'DIS'BY		RACTED		ECTED RIJUANA	CONDITION		TATUS TYPE VALUE		TYPE RESULT SEI		SELECT UP TO 4		
L	I					07	THER DRUG							200			
1	INJU TATAL	RIES	SEATING POSITION 1- FRONT - LEFT SIDE	A 1 - NOT DEP	IR BAG		OL CLASS 1-CLASS A	5	OL RESTRIC 1-ALCOHOL INTER		DRIVER DISTRACT 1 - NOT DISTRACTED		TE 1 - NONE (ST STA	TUS		
		SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYI			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERATING	GAN	2 - TEST R				
		MINOR INJURY	2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLOYED SIDE			3 - CLASS C 3 - CORRECTIVE LI			NSES	PING, 3 - TEST GIVEN, CONTAMINATED						
	OSSIBLE IN		4 - SECOND - LEFT SIDE	4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE			(OHIO = D)			A DIIC	DIALING)		SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN				
3-1	(MOTORCYCLE PASSENGER)			F M/C MODED ONLY			5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A		3 -TALKING ON HANDS-FREE COMMUNICATION DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN						
	INJURED TAKEN BY 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE				6 - NO VALID OL & CLASS B BUS 7 - EXCEPT TRACT				D TDAILED	.D							
	/TREATED AT SCENE 7 - THIRD – LEFT SIDE			EJECTION OL ENDORSEMENT 8-INTERMEDIATE				E LICENSE 5 - OTHER ACTIVITY WITH AN			ALCOHOL TEST TYPE						
	0 THIRD MIDDLE		1 - NOT EJE				RESTRICTIONS 9 - LEARNER'S PER	MIT	ELECTRONIC DEVICE 6 - PASSENGER		2 - BL00D						
	3-PULICE 2-PARTIA		3-TOTALLY				RESTRICTIONS		7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE						
c.	FETV E	OUIDMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	'LICADLE N-IANNER			10 - LIMITED TO DAY		4 - BREATH OUTSIDE 5 - OTHER							
	1 - NONE USED 11 - PASSENGER IN OTHER			RAPPED Q - MOTOR SCOOTER 11 - LIMITED TO EN			ER THE VEHICLE										
	thoir Thailling only 500,		1 - NOTTRA	TTRAPPED S - SCHOOL BUS			13 - MECHANICAL D (SPECIAL BRAK				DRUG TEST TYPE 1 - NONE						
	3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 12		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICATED BY MECHANICAL MEANS			T - DOUBLE & TRIPLE TRAILERS		CONTROLS, OR O	THER CONDITION		2 - BL00D					
5 - (5 - CHILD RESTRAINT SYSTEM – CARGO ARE		CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS					14 - MILITARY VEHI	1 MITARENTEI HORMAN		J OILINE					
	FORWARD FACING 13 - TRAILING UNIT NON- 6 - CHILD RESTRAINT SYSTEM 14 - RIDING ON VEHICLE EXTERIOR		WWW III E	GENDER			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED,		ED,						
F	REAR FACING (NON-TRA		(NON-TRAILING UNIT)				F - FEMALE M - MALE		16 - OUTSIDE MIRRO	ANGRY, DISTURBED) R 4- ILLNESS		DRUG TEST RESULT(S) 1 - AMPHETAMINES			30LI(5)		
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNO		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AI	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES					
9 - F	ROTECTIVE	PADS USED						18 - OTHER			6 - UNDER THE INFLUENCE			3 - BENZODIAZEPINES 4 - CANNABINOIDS			
(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING									0F MEDICATIONS / DRUGS 4 - CANNA /ALCOHOL 5 - COCAIN								
10 - REFLECTIVE CLOTHING 11 - LIGHTING – PEDESTRIAN / BICYCLE ONLY										9 - OTHER / UNKNOWN		6 - OPIATES / OPIOIDS					
99 - OTHER / UNKNOWN													7 - OTHER 8 - NEGAT	IVE RESUL	TS		

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OCCUPANT / WITNESS ADDENDUM							19-4	1,8,7,10	RT NUMBER	в в				
UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
ADDRES										I - I - I - I - I - I - I - I - I - I -	1			
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED L			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
UNIT#	NAME: LAS	ST, FIRST, MIDDLE	DAT	E OF BIRTH		AGE	GENDER							
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	DE					
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			DOT 0	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	TAKEN BY				USED	DOT-COMPLIANT MC HELMET								
UNIT #	NAME: LAS	ST, FIRST, MIDDLE				-	DAT		AGE	GENDER				
						-		<u> </u>		1 []				
ADDRES	S: STREET, CITY	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility (NAME, CITY) SAFETY EQUIPMENT			DOT Communication	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	TAKEN BY					USED	DOT-COMPLIANT MC HELMET		ن					
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
ADDRES	S: STREET, CITY	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	TAKEN BY					USED	MC HELMET							
		JRIES		Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
1 - FAT		DIOLIC IN HIDV	1 - NONE US VEHICLE	ED - COCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	VFR)							
	2 - SUSPECTED SERIOUS INJURY			ER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDI			2 - DEPLOYED FRONT 3 - DEPLOYED SIDE							
			T ONLY USED	: <u>-</u>										
5 - NO APPARENT INJURY			ER & LAP BELT USED	SENGER) FRONT/SIDE 5 - NOT APPLIC										
			ESTRAINT SYSTEM – D FACING	ÞΕ	MENT UNKNOWN									
			ESTRAINT SYSTEM -	CAR)		EJECTION								
/TREATED AT SCENE REAR FA 2 - EMS 7 - BOOSTEF					ORCYCLE SIDE D – MIDDLE	UAI()	ECTED							
3 - POLICE 8 - HELMET			USED		D – RIGHT SIDE PER SECTION (LY EJECTED						
			TIVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTHI	ER ENCLOSED	3 - TOTALI	Y EJECTED	EJECTED					
GENDER 10 - REFLECT			TIVE CLOTHING		O AREA (NON-TE PICK-UP WITH CAF		4 - NOT AP	PLICABLE	CABLE					
F - FEMALE 11 - LIGHTIN				G – PEDESTRIAN	12 - PASS CARG	NCLOSED	TRAPPE	Control Contro						
U - OTHER / UNKNOWN					APPED CATED BY M	PPED FED BY MECHANICAL								
99 - OTHER /			14 - RIDING ON VEHICLE (NON-TRAILING UNIT)			EXTERIOR MEANS								
						MOTORIST ER/UNKNOWN		3 - FREED MEANS	BY NON-ME	CHANIC	AL.			
	AST, FIRST, MIDE						02271	995		AGE 2 4	GENDER F			
	S: STREET, CITY	HELBY R					CONTACT PHONE		DE L	44	L.			
		D AVE AKRON (OH 44319				CONTACT PHONE	I I	I I	1				
NAME: LAST, FIRST, MIDDLE MATHENY, KRISTEN LEE						040,21	e of Birth	r 10	AGE 21	GENDER F				
MATHENY, KRISTEN LEE ADDRESS: STREET, CITY, STATE, ZIP 12558 JAMESTOWN AVE NW UNIONTOWN OH 44685						CONTACT PHONE - INCLUDE AREA CODE								
NAME: L	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE				GENDER			
ADDRES	S: STREET, CITY	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE I	ĩ	j 1			
101/ 0055 01	MD 4/40 1700	45003									0.5			

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