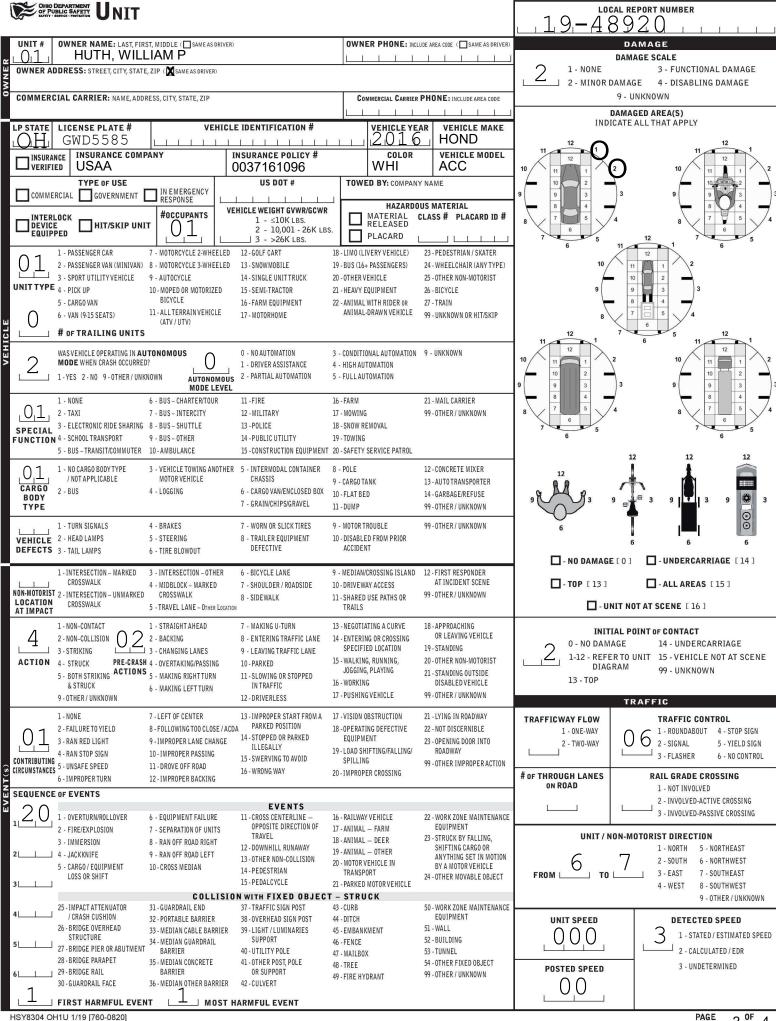
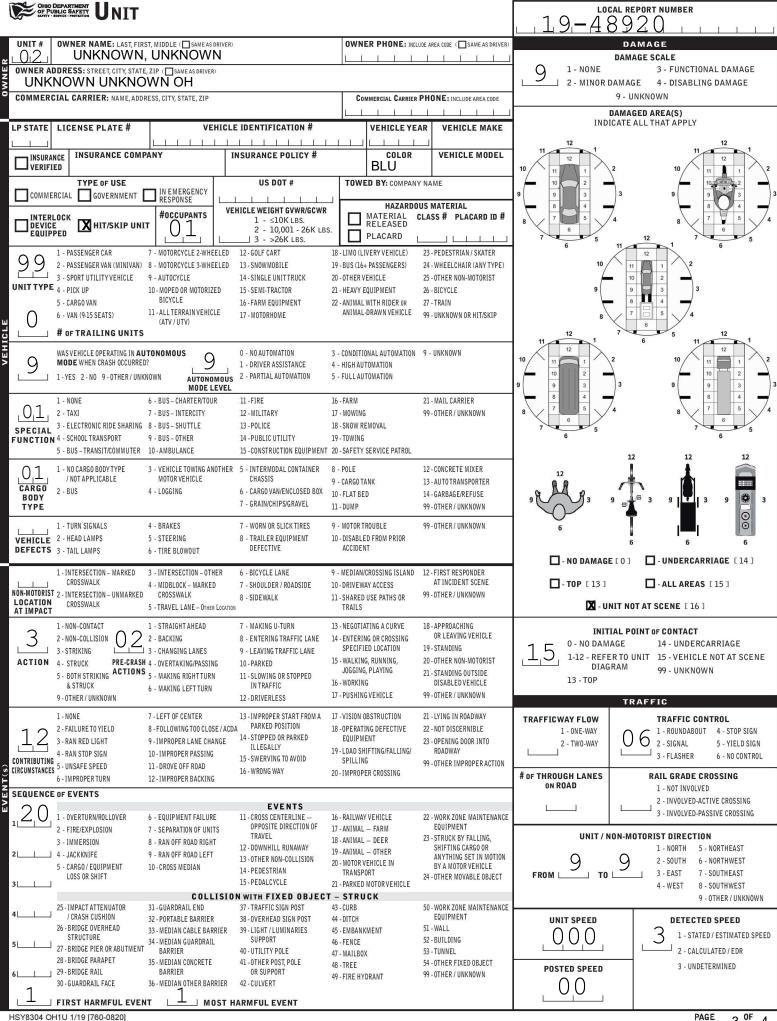
| CHILD GEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT | | | | | | | | | 19 - 48920 | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------|----------|----------------------------|---------|----------------------------------------------------------|---------------------------------------------------|--------------------|----------------------------|------------------------------|--------------------------------|-------------------------|--|
| | | | 2-4 | | | II | 1 1 | | | | | | | |
| SECONDARY CRASH OH-1P OTHER | | | | | | | | | NUM | $\binom{BER of UN}{2}$ | | / . | ANIMAL | |
| COUNTY* LOCALITY* LOCATION: CITY | | | | | | | | | | | | SH SEVER | UNKNOWN | |
| $76 3^{1-\text{CITY}}_{2-\text{VILLAGE}}$ | Township of) | | | | | | 10182019 1453 5 1-FATAL | | | | | | | |
| | LOCATION ROAD NAME | | | | ROAD |) TYPE | LATITUDE DECIMAL DEGREES 2 - SERIOUS INJURY SUSPECTED | | | | | | | |
| 2 - SOUTH 3 - EAST HUCKLEBERRY | | | | | | | | | гт | | 3 | MINOR II | | |
| | | | | | | | | ONGITUDE | DECIMAL | DEGREES | 4 | - INJURY F | | |
| - S ERGT | 5718 | | | | | | Η., | | | | 5 | PROPERT | Y DAMAGE | |
| REFERENCE POINT DIRECTION | ROUTE TYPE | | ROAD | TYPE | | | | | INTER | | RELATE | | | |
| | INTERSTATE ROUTE(TP) AL | | IGHWAY | RD - R0. | | | VITHIN INT | | | | | | | |
| 3- HOUSE # US- | FEDERAL US ROUTE AV | SQ - SQ ST - ST | | | VITHIN INT | FRCHA | NGEAREA | NIIM | | PROACHES | | | | |
| DISTANCE DISTANCE CR - | STATE ROUTE NUMBERED COUNTY ROUTE | TE - TE | | | | | ROADW | 0.00000000 | DER OF A | TRONOLLO | | | | |
| 1-MILES TR- | FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY | | | | | | | | | | | | | |
| 2-FEET ROUTE BILL PLACE ROADWAY DIVIDED Image: State of the stat | | | | | | | | | | | | | | |
| | | DIRECTION OF TRAVEL MEDIAN TYPE | | | | | | | | | | | | |
| 0.6 CROSSOVER 0.0 CROSSOVER 10.0 DRIVEWAY/ALLEY ACCESS 5. BACKING 1. NOT COLLISION 4. REAR-TO-REAR BETWEEN 5. BACKING | | | | | | | | 1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET) | | | | | | |
| 4 - ON ROADSIDE 12-SHARED US | RADE CROSSING L - VEHI | ICLES IN | | | SAME DIREC | TION | 3 - EAST 2 - DIVIDED FLUSH M (≥4 FEET) | | | | | | DIAN | |
| 5 - ON GORE TRAILS | 2 - REAF | | | | OPPOSITE DI | | 4 - WEST 3 - DIVIDED, DEPRESSED M | | | | | | | |
| 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 7 - ON RAMP 14-TOLL BOOT | 3 - HEAI | D-ON 9 | 9 - 0TH | ER/UNI | NOWN | | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) | | | | | | EDIAN | |
| 8 - OFF RAMP 99-OTHER / UN | KNOWN | | | | | | | | | 9 - 0 | THER/UN | KNOWN | | |
| WORK ZONE RELATED | WORK ZONE TYPE | APTIC ACCOUNT OF THE | N OF CRASH IN WORK ZONE | | | | co | NTOUR | | CONDITIONS | | | SURFACE | |
| | LANE CLOSURE LANE SHIFT/CROSSOVER | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN | | | | | | | | | 9 | | | |
| | WORK ON SHOULDER or MEDIAN | 2 - ADVANCE WARNING AREA | | | | | 1 - STRAIGHT LEVEL 1 - DRY | | | | 1 - CONCRETE | | | |
| 4-1 | INTERMITTENT OR MOVING WORK | 4 - | ACTIV | ITY ARE | A | | 2 - STRAIGHT GRADE 2 - WET 3 - CURVE LEVEL 3 - SNOW | | | | 2 - BLACKTOP, BITUMINOUS, | | | |
| ACTIVE SCHOOL ZONE 5-1 | OTHER | 5 - TERMINATION AREA | | | | | 4 - CURVE GRADE 4 - ICE | | | | | ASPH 3 - BRICI | | |
| LIGHT CONDITION | WEATHE | | | | | | 9 - OTHER/UNKNOWN 5 - SAND, M | | | AND, MUD, IL, GRAVEI | UD, DIRT, 4 - SLAG GRAVEL | | | |
| 9 1 - DAYLIGHT 2 - DAWN/DUSK | 99 ^{1-CLEAR} 2-CLOUDY | 6 - SNOW 7 - SEVERE CROSSWINDS | | | | | 6 - WATER | | | | STONE | | | |
| 3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED | 3 - FOG, SMOG, SMOKE 4 - RAIN | OKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE | | | | | MOVING 7 - SLUSH | | | | 9 - OTHER/UNKNOW | | R/UNKNOWN | |
| 5 - DARK – UNKNOWN ROADWAY LIGHTING | 5 - SLEET, HAIL | 99 - OTHER / UNKNOWN | | | | | 9 - OTHER/UNKN | | | | NOWN | own | | |
| 9 - OTHER / UNKNOWN | | | | | | | | | | | | | | |
| NARRATIVE | | | - 4 | | л ц | | 1 | | 1 | | A | 🔪 directi | te the north on with | |
| UNIT 1 AS BACKING FROM THE DRIVE NW. UNIT 1 WAS HALFWAY INTO THE | | | - | | | | | | | | V | | ' on the ss diagram. | |
| BLUE GMC SUV, BACKED FROM THE D | | | | | | | | | | | | | | |
| UNIT #1. THE CONTACT OCCURRED O DRIVER'S INFORMATION WAS OBTAIN | | | | | | | | _ | | | | | | |
| ACCOUNT AND HIS PHOTO WAS CONF | OFFICER. | | | | | | | | | | _ | | | |
| CANTON P.D. WAS CONTACTED TO AT THE DRIVER. | | 2 AND | - | | | | | | | | | | | |
| U-393 | | | - | | | | | | | | | | - | |
| | | | - | | | | | | | | | | - | |
| КВ | | _ | | | | | | | | | | | | |
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| | | | | | | I . I | | | | . . | | | | |
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME | ARI | | DATE / T | IME | | SCEN | | D DATE / | TIME | | EPORT TA | | |
| | DISPATCH DATE / TIME 82019 _ 1457 | ARI 1018 | | | | | | ie cleare 3201 | | тіме - 5 4 0 | | POLICEA | GENCY | |
| 10,1,82019,145,3,10,1, TOTAL TIME OTHER TOTAL | 82019 1457 | 1018 | | | 1,4,5,8 С нескер | BY OFFI | 1018 cer's N/ | 3201 Me* | 9 1 | <u>5</u> 49 | | POLICE A | GENCY T | |
| TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME | 82019 1457 | 1018; AS | 201 | | 1458 Снескер МСС | | 1018 cer's n/ OUGI | 3201 | 9 <u>1</u> отну | _540 , | | POLICE A MOTORIS SUPPLEI | GENCY T | |





| | BUD DEPARTMENT MOTORIST / NON-MOTORIST | | | | | | | | | 19 - 48920 | | | | | | |
|---------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|------------------------|--------------|----------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|-----------------------|--|--|--|
| | T # NAME: LAST, FIRST, MIDDLE | | | | | | | | | DATE OF BIRTH AGE GENDER | | | | | | |
| | , HUTH, WILLIAM CONNOR | | | | | | | | | 10101996 23 M_ | | | | | | |
| R | DRESS: STREET, CITY, STATE, ZIP 52 W MARKET ST AKRON OH 44313 | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | INJURED I TAKEN | EMS AGENCY (NAME) | SAFETY EQUIPMENT | DOT-COMPLIANT | | | | | | | | | | | | |
| | BY | | | 0555NG | | 055 | | .9.9. | | | | | | | | |
| | ******** | ICENSE NUMBER | OFFENS | E CHAR | GED | LOCAL CODE | OFFENSE DESC | 2 | CITATION NUMBER | | | | | | | |
| ≥ ol class 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | ALCOHOL / DRUG SUSPECTED ALCOHOL / DRUG MARIJUANA | | | condition | STATUS TYP | PE VALUE S | | DRUG TEST(S) TATUS TYPE 1 1 | | | | | | |
| | NAME: LAST, F | | | | | | | | | DATE OF BIRTH | | | GENDER | | | |
| 02 | | , WILLIE JAMES | | | 09292000 19 M | | | | | | | | | | | |
| | DDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE 431 LAKE ROAD BLVD CANTON OH 44708 | | | | | | | | | | | | 1 1 | | | |
| W-INJURIES | INJURED I TAKEN BY | ED EMS AGENCY (NAME) | | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SI | | | | | | AIR BAG USA | AG USAGE EJECTION TRAPPED | | | | |
| LSIZE OL STATE | OPERATOR L | ICENSE NUMBER | | OFFENSE CHARGED LOCAL OF CODE | | | | OFFENSE DESC | RIPTION | | CITATION | | | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT | | | ALCO | HOL / DRUG SUSP | ECTED | CONDITION | | HOL TEST | | UG TEST(S | | | | |
| 4 | SELECT UP TO 2 | | 9 alcohol Marijuana | | | | 9 | | | | | SELECT UP TO 4 | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | | | | | | | | |
| | STREET, CITY, ST | | | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | 1 1 | | | | |
| W INJURIES | INJURED I TAKEN BY | EMS AGENCY (NAME) | | INJURED T | AKEN TO: | MEDICAL FACILITY | (NAME, CITY) | SAFETY EQUIPMENT | | | AIR BAG USA | GE EJECTION | TRAPPED | | | |
| OL STATE | OPERATOR L | ICENSE NUMBER | OFFENSE CHARGED LOCAL CODE | | | OFFENSE DESC | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | DIST | TRACTED | | | CONDITION | ALCOHOL TEST DRUG TEST(S) STATUS TYPE VALUE STATUS TYPE RESULT SI | | | |) SELECT UP TO 4 | | | | |
| 1 1 | டாட | | BY | | | LCOHOL MA | RIJUANA | | ட | | | | лл | | | |
| | RIES | SEATING POSITION | | IR BAG | | OL CLAS | s | OL RESTRIC | | DRIVER DISTRACT | | TEST STA | TUS | | | |
| 1 - FATAL 2 - SUSPECTED | 1 - FRONT – LEFT SIDE 1 - NOT DE CTED SERIOUS INJURY (MOTORCYCLE DRIVER) 2 - DEPLO | | | PLOYED 1 - CLASS A YED FRONT 2 - CLASS B | | | | 1 - ALCOHOL INTERI 2 - CDL INTRASTATI | | 1 - NOT DISTRACTED 1 - NONE GIVEN 2 - MANUALLY OPERATING AN 2 - TEST REFUSED | | | | | | |
| | 2 FRONT MIDDLE | | 3 - DEPLOYE | | | | | 3 - CORRECTIVE LE | | ELECTRONIC COMMUNICATION 3 - TEST GIVEN, CO | | | TAMINATED | | | |
| 4 - POSSIBLE IN | A SECOND LEET SIDE | | | .OYED BOTH FRONT / SIDE 4 - REGULAR CLASS | | | | 4 - FARM WAIVER | | DIALING) 4-TEST GIVEN | | | | | | |
| 5 - NO APPAREN | (MOTORCYCLE PASSENGER) | | | PPLICABLE (OHIO = D) DYMENT UNKNOWN 5 - M/C MOPED ONLY | | | | 5 - EXCEPT CLASS A 6 - EXCEPT CLASS A | | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 5 - TEST | | | | | | |
| | JRED TAKEN BY 5- SECOND - MIDDLE | | | | | 6 - NO VALID OL | | & CLASS B BUS | | 4 - TALKING ON HAND-HEL | D | UNKNOWN | | | | |
| | TRANSPORTED 6 - SECOND – RIGHT SIDE EATED AT SCENE 7 - THIRD – LEFT SIDE | | | EJECTION OL ENDORSEMENT | | | | 7 - EXCEPT TRACTO 8 - INTERMEDIATE | | COMMUNICATION DEVI 5 - OTHER ACTIVITY WITH | AN AI | ALCOHOL TEST TYPE | | | | |
| 2 - EMS | | | | 1 - NOT EJECTED H - HAZMAT | | | | RESTRICTIONS | | ELECTRONIC DEVICE | 1-1 | 1 - NONE 2 - BLOOD | | | | |
| 3 - POLICE | | | | ALLY EJECTED M - MOTORCYCLE LY EJECTED P - PASSENGER | | | | 9 - LEARNER'S PER RESTRICTIONS | MIT | 6 - PASSENGER 7 - OTHER DISTRACTION | JRINE | | | | | |
| | 10 - SLEEPER SECTION 4 - NOT APPLI | | | | | | | 10 - LIMITED TO DAY | | INSIDE THE VEHICLE 4 - BREA | | | | | | |
| SAFETY E 1 - NONE USED | III - PASSENGER IN OTHER TRAPPED | | | | | Q - MOTOR SCOOTER | | 11 - LIMITED TO EMP 12 - LIMITED – OTHE | | 8 - OTHER DISTRACTION OUTSIDE 5 - OTHER THE VEHICLE | | | | | | |
| | HOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOT TRAP | | | | K-INKEE-WNEEL WUIUKUTULE | | | 13 - MECHANICAL DEVICES | | 9 - OTHER / UNKNOWN | | DRUG TEST TYPE 1-NONE | | | | |
| | | | | 2 - EXTRICATED BY MECHANICAL MEANS T - DOUBLE & TRI | | | TRAILERS | (SPECIAL BRAKE CONTROLS, OR O | HER CONDITION | | | 2 - BLOOD | | | | |
| | CHILD RESTRAINT SYSTEM – CARGO AREA | | 3 - FREED BY | | | X - TANKER / HAZMAT | • | ADAPTIVE DEVIO | 1 ATTACENTER NORMAL | | | 3 - URINE | | | | |
| FORWARD FA | FORWARD FACING 13 - TRAILING UNIT CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR | | NON-MECHANICAL MEANS | | | GENDER | 2 | 15 - MOTOR VEHICLE | SWITHOUT 3 - EMOTIONAL (E.G., DEP | | ESSED, | | | | | |
| REAR FACIN | AR FACING (NON-TRAILING UNIT) | | | | | F - FEMALE M - MALE | | AIR BRAKES 16 - OUTSIDE MIRRO | 2 | ANGRY, DISTURBED) 4 - ILLNESS | DRUG TEST RESULT(S) 1 - AMPHETAMINES | | | | | |
| 7 - BOOSTER SE | | | | | | U - OTHER / UNKNOWN | 1 | 17 - PROSTHETIC AID | 5 - FELL ASLEEP, FAINTE | | | | | | | |
| 9 - PROTECTIVE | 8 - HELMET USED 99 - OTHER / UNKNOW 9 - PROTECTIVE PADS USED | | | | | | | 18-OTHER | FATIGUED, ETC. 6 - UNDER THE INFLUENCE | | | 3 - BENZODIAZEPINES | | | | |
| (ELBOW, KNE 10 - REFLECTIVE | | | | | | | | | | OF MEDICATIONS / DRUGS / ALCOHOL | | 4 - CANNABINOIDS 5 - COCAINE | | | | |
| 11 - LIGHTING - I | 10 - REFLECTIVE CLOTHING 11 - LIGHTING – PEDESTRIAN | | | | | | | | | 9 - OTHER / UNKNOWN | | | 6 - OPIATES / OPIOIDS | | | |
| / BICYCLE ONLY 99- OTHER / UNKNOWN | | | | | | | | | | | | 7 - OTHER 8 - NEGATIVE RESULTS | | | | |
| | | | | | | | | | | | 0-1 | CONTINE RESUL | | | | |

HSY8306 OH1M 1/19 [760-1500]