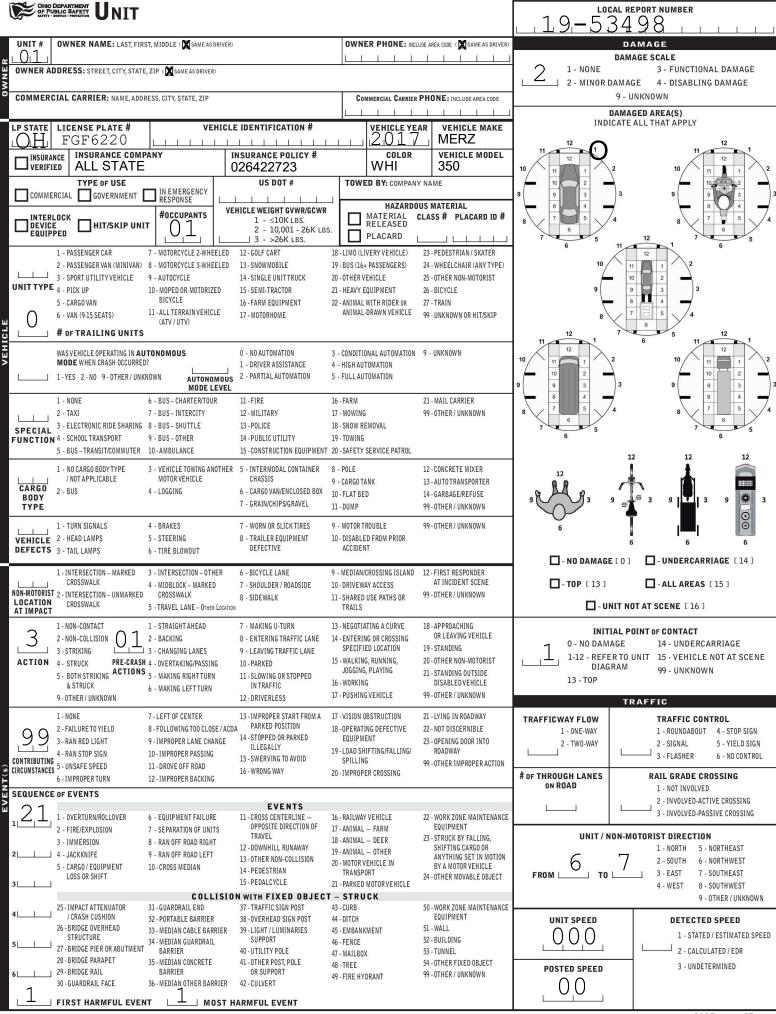
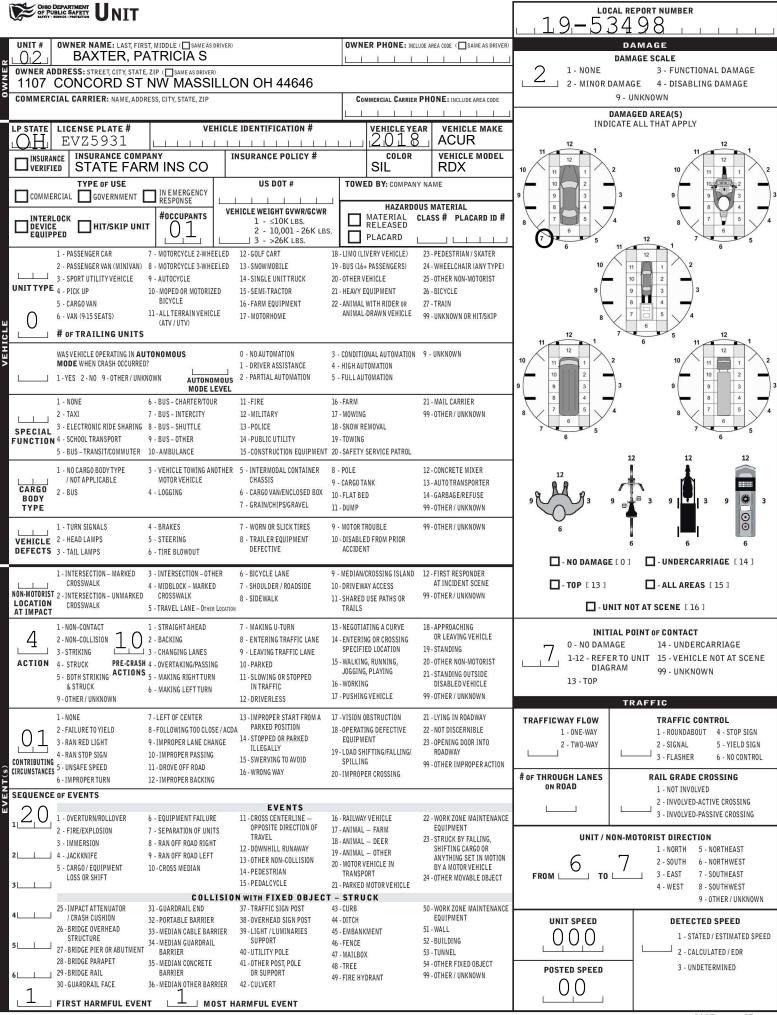
CHIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT										19-53498									
PHOTOS TAKEN OH-2 OH-3													5-		<u>1 1</u>				
SECONDARY CRASH OH-1P OTHER REPORTING AGENCY NAME* NCIC*											OLVED		ER OF UNI	rs C	/	- ANIM	AL		
COUNTY* LOCALITY* LOCATION:CITY. VILLAGE.TOWNSHIP*												NSOLVE			CR/	ASH SEVE	- UNKN	OWN	
$76 3^{1-CITY}_{2-VILLAGE} $ lackson (Township of)											11142019 1311 2-SERIOUS INJURY								
												ITUDE D			2	- SERIOU SUSPEC		ł۲	
									CR					3 - MINOR INJURY					
	, MILEPOST, H	OUSE #	¥)	R	AD TYPE		LONGITUDE DECIMAL DEGREES					SUSPECTED 4 - INJURY POSSIBLE							
	,		.,			5 - PROPERTY DAMAGE													
		DTYPE	L	1	Fu		I I	<u> </u>			ONLY								
REFERENCE POINT DIRECTION ROUTE TYPE   1 - INTERSECTION FROM REFERENCE 1 - NORTH IR - INTERSTATE ROUTE(TP) AL - ALLEY								RD -	ROAD	l –	1			ECTION					
3 2- MILE POST	LA - L	IGHWAY ANE		SQUARE	1-	WIT	HIN INTE	RSECTION	UN OR UN	APPROA	AC H	Ŧ							
US - FEDERAL US ROUTE 3 - HOUSE # US - FEDERAL US ROUTE 4 - WEST SR - STATE ROUTE BL - BOULEVARD MP - MILEPOST CD CIFICIE OV. OVAL											WIT	HIN INTE	RCHANG	GE AREA	NUM	BER OF A	PPROA	CHES	
DISTANCE DISTANCE   FROM REFERENCE UNIT OF MEASURE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL TE - T													F	ROADW	Υ				
1 - MILES TR - NUMBERED TOWNSHIP 2 - FEET ROUTE DR - DRIVE PI - PIKE WA - WAY											ROA	DWAY DI	VIDED						
HE - HEIGHTS PL - PLACE																			
	.ISION/I			DIRE	CTION	OF TRAVE	EL			NTYPE									
0 6 2 - ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS 8 1- NOT COLLISION BETWEEN								AN		1 - NORTH 2 - SOUTH				1 - DIVIDED FLUSH MEDIAN ( <4 FEET )					
3 - IN MEDIAN			RADE CROSSING	L J VE	IIIGEES IN	5 - ANG			COTION			EAST		2 - DIVIDED FLUSH MEDIAN (≥4 FEET)					
4 - ON ROADSII 5 - ON GORE		TRAILS	E PATHS OR	10000 Normal 10000000000				, SAME DIF , OPPOSITE	DIRECTION		4 -	WEST		3 - DIVIDED, DEPRESSED MEDIAN					
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN											4 - DIVIDED, RAISED MEDI (ANY TYPE)								
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER / UNKNOWN											9 - OTHER/UNKNOWN								
	TED		WORK ZONE TY	PE	LOCATIO	NOFC	RASHI	N WORK	ZONE	CONTOUR CONDITIONS					NS	SURFACE			
WORK ZONE RELA		1 -	LANE CLOSURE			1 - BEFORE THE 1ST WORK ZONE													
WORKERS PRESEN	NT		LANE SHIFT/CRO WORK ON SHOULI		2	WARNING SIGN 2 - ADVANCE WARNING AREA					1 - STRAIGHT LEVEL 1 - DRY					1 - CONCRETE			
LAW ENFORCEME	NT PRESENT		OR MEDIAN	JER	└── <b>」</b> 3	- TRANSITION AREA						TGRADE			2 - BLACKTOP,				
ACTIVE SCHOOL Z	ONE		INTERMITTENT 0 DTHER	R MOVING WOR	1425		ITY AR			3 - CURVE LEVEL 3 - SNOW					BITUMINOUS, ASPHALT			S,	
											4 - CURVE GRADE 4 - ICE					3 - BRICK/BLOCK			
LIGHT ( 1 - DAYLIGHT	CONDITION		1 - CL	WEATH FAR	<b>1ER</b> 6 - SNOW										, MUD, DIRT, GRAVEL 4 - SLAG, GRAVEL, STONE			EL,	
2 - DAWN/DUSK	<			OUDY		CROSSWINDS								- WATER (STANDING, 5 - DIRT					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED 4 - RAIN 9 - FREE						NG SAND, SOIL, DIRT, SNOW ING RAIN OR FREEZING DRIZZLE								MOVING) SLUSH 9- OTH			ER/UNKI	NOWN	
	NOWN ROADWAY			EET, HAIL		IER / UNKNOWN								9 - OTHER/UNKNOWN					
9 - 0THER / UNI	KNOWN		2																
NARRATIVE						- <sup>1</sup>						1			$\triangle$		ate the tion wit		
UNIT #1 WAS LEA	VING THE P	ARKING	SPOT AND S	TRUCK PAR	RKED UNIT	-									$\triangleleft$	T an "M	V" on the	e	
#2. UNIT #1 HAS										<u> </u>						com		jrain.	
STATEMENT. AN						E_													
MADE WITH NEG	ATIVE RESUI	LTS AT T	HIS TIME.			-												-	
**CONTACT WAS	MADE WITH	THE OW	NER OF UNI	T #2. SHE F	RECEIVED													_	
HER COPY OF THIS CRASH REPORT.														_			+		
						F													
						-													
						L													
																_	+		
																		-	
						L												-	
																	+		
				TIME								LEARED			+ +				
CRASH REPORTED			11110111111111111111111111111111111111	1313	1114		DATE / 1 1 Q	132						345		POLICE			
															╡┍	MOTORI	ST		
TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES VOVK, YURI								CHECKED BY OFFICER'S NAME*					SUPPLE						
								1 30	CHECKED BY OFFICER'S BADGE NUMBER*					ᅱᄓ	(CORRECT TO AN EXISTING	ION OR ADI	DITION TO ODPS)		
	0									1			2	, 2					





	OHD DEPARTMENT MOTORIST / NON-MOTORIST										19-53498							
UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER								
01	DARE, KAREN A									02281956 63 F								
RI											CONTACT PHONE - INCLUDE AREA CODE							
S427 S ■ ■ INJURIES	3427 SADDLEBORO DR GREEN OH 44685										L I I I I I I I I I I I I I I I I I I I							
-NON/			mooned	ANENTO		invanie, or riv	USED 99				1	1	1					
	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL CODE				OFFENSE DESC	RIPTION		CITATION	NUMBER						
S OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	IVER ALCOHOL / DRUG SUSPECTED			CONDITION		TYPE VA		DRUG TEST(S)   STATUS TYPE   RESULT SELECT UP TO								
<u> </u>				0	THER DRUG				•L									
UNIT #	NAME: LAST, F	FIRST, MIDDLE		DATE OF BIRTH AGE GENDER														
	RESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE							
NJURIES	INJURED	EMS AGENCY (NAME)		INJUREDT	AKENTO	: MEDICAL FACILITY	SAFETY EQUIPMENT	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED										
								USED				L						
OL STATE	OPERATOR L	PERATOR LICENSE NUMBER				RGED	LOCAL CODE	OFFENSE DESC	RIPTION	CITA			TION NUMBER					
S OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	UPT03 DRI DIS BY	VER TRACTED		DHOL / DRUG SUSPE	E <b>CTED</b> RIJUANA	CONDITION		TYPE VA		DR STATUS TY	PE RESUL	) T select up to 4				
	டாட		L L	1	0	THER DRUG			L	•								
UNIT #	# NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GEN								
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE							
010R1				~						1 1	1							
W-INJURIES	S INJURED EMS AGENCY (NAME) TAKEN BY			INJURED T	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		COMPLIANT	ING POSITION	AIR BAG USA	GE EJECTION	TRAPPED				
STATE	OPERATOR L	OFFENSE CHARGED LOCAL CODE				OFFENSE DESC	RIPTION CITATION N				NUMBER							
S OL CLASS	ENDORSEMENT SELECT UP TO 2	<b>RESTRICTION</b> SELECT		TRACTED			CONDITION	ALCOHOL TEST STATUS TYPE VALUE ST/				DRUG TEST(S) ATUS TYPE RESULT SELECT UP TO 4						
L T			BY	T		LCOHOL 🔟 MAF THER DRUG	RIJUANA		r ic		T IC	п						
	RIES	SEATING POSITION		IR BAG		OL CLASS	6	OL RESTRIC			DISTRACT		TEST STA	TUS				
1 - FATAL 2 - SUSPECTED	1 - FATAL 1 - FRONT – LEF 2 - SUSPECTED SERIOUS INJURY (MOTORCYCL		1 - NOT DEP 2 - DEPLOYI			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT				1 - NONE GIVEN NG AN 2 - TEST REFUSED						
3 - SUSPECTED		2 - FRONT - MIDDLE	ED SIDE 3 - CLASS C				3 - CORRECTIVE LE		ELECTRO	CATION 3 - T	3 - TEST GIVEN, CONTAMINATED							
4 - POSSIBLE IN	- POSSIBLE INJURY 3 - FRONT – RIGHT		4 - DEPLOYED BOTH FRONT / S			4 - REGULAR CLASS		4 - FARM WAIVER		DEVICE (TEXTING, TYPING, DIALING)			SAWFLE7 UNUSABLE					
5 - NO APPAREN	- NO APPARENT INJURY 4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE			(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS	JIALKIN		KING ON HANDS-FREE		4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS					
INJURED	INJURED TAKEN BY 5- SECOND - MIDDLE 9- DE			9 - DEPLOYMENT UNKNOWN 6 - NO VALID OL					Ą	4 - TALKING ON HAND-HELD			UNKNOWN					
	0T TRANSPORTED 6 - SECOND – RIGHT SIDE TREATED AT SCENE 7 - THIRD – LEFT SIDE			EJECTION OL ENDORSEMENT					R-TRAILER		ICATION DEVIC	AL	COHOL TE	ST ТҮРЕ				
2 - EMS	(MOTODOVOLE CIDE CAD)		1 - NOT EJECTED H - HAZMAT					8 - INTERMEDIATE RESTRICTIONS	LICENSE 5 - OTHER ACTIVITY WIT			1 - NONE						
3 - POLICE			2 - PARTIALLY EJECTED			M - MOTORCYCLE	9 - LEARNER'S PER	9 - LEARNER'S PERMIT		6 - PASSENGER			2 - BLOOD					
9-OTHER/UNK	9 - OTHER / UNKNOWN 9 - THIRD – RIGHT SIDE			EJECTED		P - PASSENGER							3 - URINE 4 - BREATH					
SAFETY E	10 - SLEEPER SECTION 4 - NOT / SAFETY EQUIPMENT 0F TRUCK CAB 4 - NOT /			PPLICABLE N - TANKER				10 - LIWITED TO DAY					5 - OTHER					
1 - NONE USED						Q - MOTOR SCOOTER R - THREE-WHEEL MO	12 - LIMITED – OTHE		THEVEHICLE			DRUG TEST TYPE						
2 - SHOULDER B	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT			RAPPED S - SCHOOL BUS				13 - MECHANICAL DI					1-NONE					
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		2 - EXTRICATED BY MECHANICAL MEANS			T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAKI CONTROLS, OR O	THER CONDITI		NDITION	2 - BL00D						
	5 - CHILD RESTRAINT SYSTEM - CARGO AREA		3 - FREED BY			X - TANKER / HAZMAT		ADAPTIVE DEVI 14 - MILITARY VEHIO	1 ATTACENTEL NO									
FORWARD FA	ACING	13 - TRAILING UNIT	NON-MECHANICAL MEANS			GENDER		15 - MOTOR VEHICLE		SWITHOUT 3 - EMOTION		AL (E.G., DEPRESSED,						
6 - CHILD REST REAR FACING	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F - FEMALE		AIR BRAKES		ANGRY, DIST	ANGRY, DISTURBED)		DRUG TEST RESULT(S)					
7 - BOOSTER SE		15 - NON-MOTORIST	M - MALE U - OTHER / UNKNOWN				16 - OUTSIDE MIRRO 17 - PROSTHETIC AIL				1 - AMPHETAMINES 2 - BARBITURATES							
8 - HELMET US		99 - OTHER / UNKNOWN	U - UTHER / UNKNOWN				18 - OTHER		FATIGUED, ETC.			2 - BARBITURATES 3 - BENZODIAZEPINES						
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		ED								6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS					
10 - REFLECTIVE CLOTHING										/ALCOHOL			5 - COCAINE					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								9-0THER/U	9 - OTHER / UNKNOWN			6 - OPIATES / OPIOIDS 7 - OTHER						
99 - OTHER / UNK														7 - OTHER 8 - NEGATIVE RESULTS				