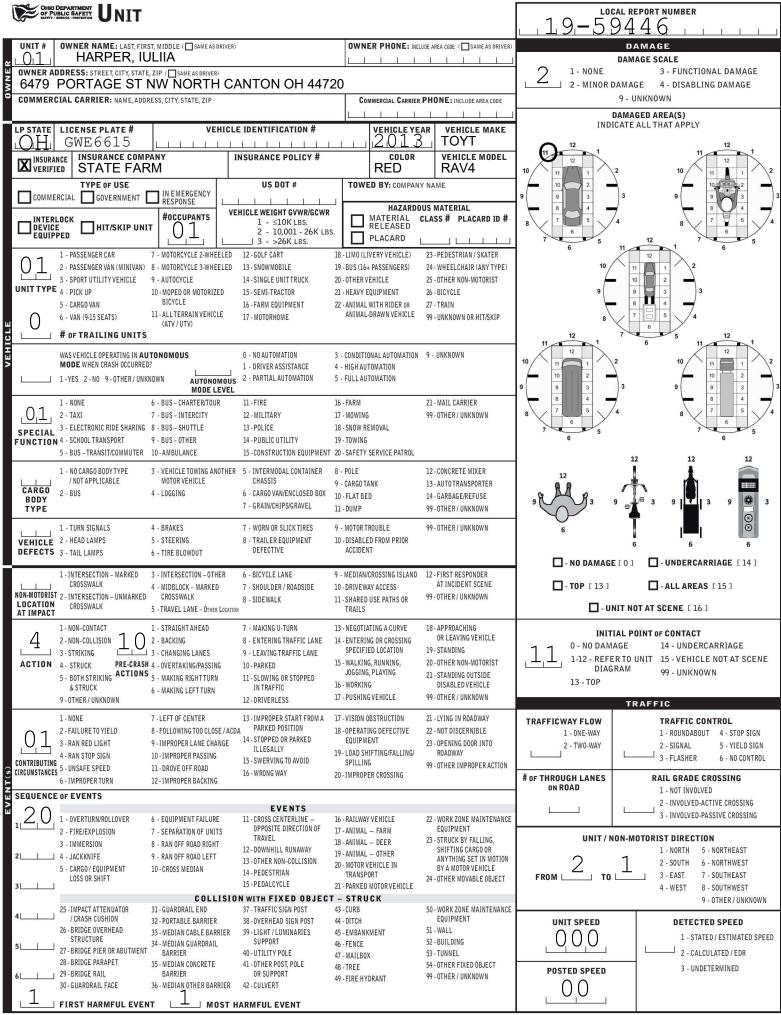
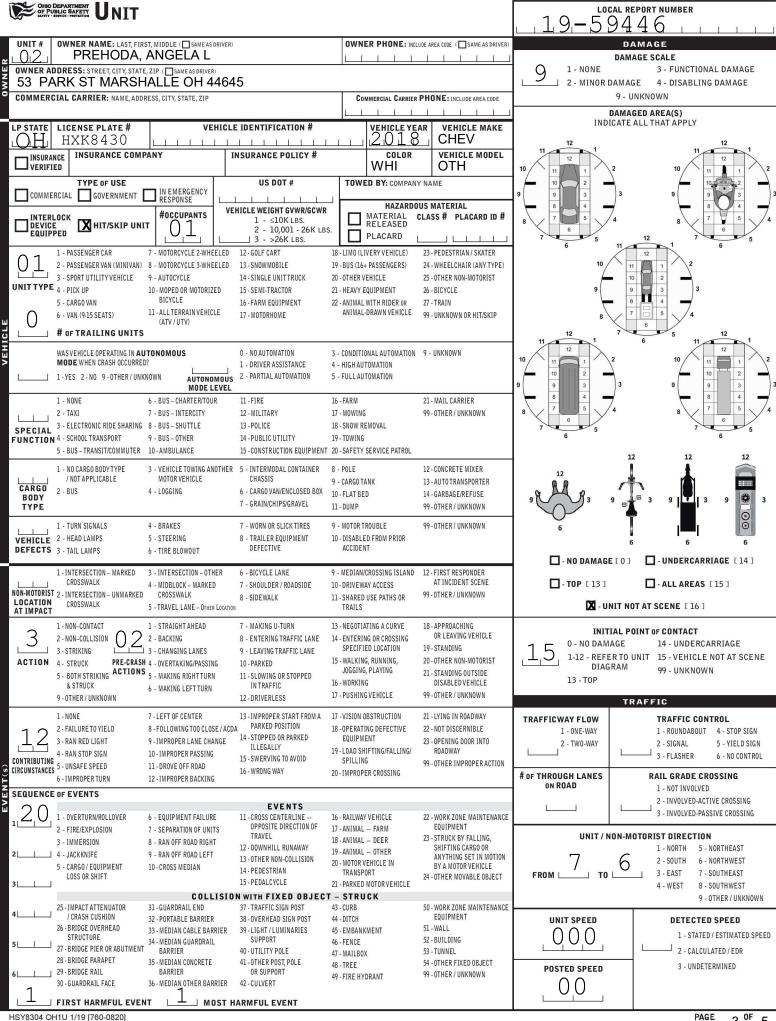
CHILD BEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								19-59446						
									1 1		<u> </u>		<u> </u>	
$\square \text{ Secondary Crash} \square \text{ OH-IP} \square \text{ OTHER} REPORTING AGENCY NAME* NCIC* Secondary Crash \square PRIVATE PROPERTY JACKSON TWP POLICE DEPARTME _{1}O_{1}O_{1}O_{2}O_{1}O_{2}O_{1}O_{1}O_{2}O_{1}O_{1}O_{1}O_{1}O_{1}O_{1}O_{1}O_{1$								IP LVED SOLVED	NUMBER	2 UNITS	02		ANIMAI	
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*								CRASH DATE / TIME* CRASH SEVERITY						
3 - TOWNSHIP	12192019 1830 2 - SERIOUS INJURY													
	LOCATION ROAD NAME				ROAD TYP	E								
	BELDEN VILLAGE M	IALL	LL CR									3 - MINOR INJURY SUSPECTED		
	REFERENCE ROAD NAME (ROAD,	, MILEPOST, HOUSE #) ROAD TYPE										4 - INJURY POSSIBLE		
	4300					Ь.	92.9			~		ROPERT	Y DAMA	AGE
	ROUTE TYPE		ROAD	TVDE					NTERSEC			NLY		
→ 1-INTERSECTION 1-NORTH IR -	- ALLEY	HW - HI		RD - ROAD	INTERSECTION RELATED									
└───┘ 3 - HOUSE #	BI		VENUE LA - LANE SQ - SQUARE							L	_			
	STATE ROUTE		0V - 0V		TE - TERRAC		WITH	ININIE	25 50		NUMBE	ER OF AP	PROACE	HES
FROM REFERENCE UNIT OF MEASURE			PK - PA PI - PIH		TL - TRAIL				ROADWAY					
2 - FEET 3 - YARDS	ROUTE		PL - PL		WA - WAY		ROAD	WAY DIV	IDED					
LOCATION OF FIRST HARMFUL EVEN	T MAN	INER OF CRASH	COLLI	SION/IMPA	ACT	DIRE	CTION O	F TRAVEL		MI	EDIAN T	YPE		
0 C 1 - ON ROADWAY 9 - CROSSOVER		COLLISION 4-					1 - NORTH 1 - DIVIDED FLUSH MEDIAN							
2 - ON SHOULDER 10-DRIVEWAY/ 3 - IN MEDIAN 11-RAILWAY G		O MOTOR	- BACK			E					(<4 FEET) - DIVIDED FLUSH MEDIAN			
4 - ON ROADSIDE 12-SHARED US	SE PATHS OR TRA	NSPORT 7 -			IE DIRECTION		4-WEST				(≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN			
5 - ON GORE IRAILS 6 - OUTSIDE TRAFFIC WAY 13- BIKE LANE	2 - REA 3 - HEA			SWIPE, OPP R / UNKNO	OSITE DIRECTIO	N				4 - DIVID	DED, RAI			AN
7 - ON RAMP 14-TOLL BOOTI 8 - OFE RAMP 99-OTHER / UN							(ANY TYPE) 9 - OTHER/UNKNOWN							
8-OFF RAMP 99-OTHER/ON						+	CONTOL	ID		DITIONS		511	RFACE	
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION			WORK ZONE		CUNIUL	JK	CUP	ADILION2		501	TALE	
_	LANE SHIFT/CROSSOVER		WARNING SIGN 2 - ADVANCE WARNING AREA				1 - STRAIGHT LEVEL 1 - DRY							
	WORK ON SHOULDER or MEDIAN	3 - TRANSITION AREA					2 - STRAIGHT GRADE 2 - WET				1 - CONCRETE 2 - BLACKTOP,			
	INTERMITTENT OR MOVING WORK	25	4 - ACTIVITY AREA 5 - TERMINATION AREA				3 - CURVE LEVEL 3 - SNOW				BITUMINOUS, ASPHALT			v
	OTHER	5 - TERMINATION AREA				4 - CURVE GRADE 4 - ICE					3	3 - BRICH		(
	1 - CLEAR	ER 6 - SNOW				9 - 0	9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, GRAVEL						L,	
5 ^{1 - DAYLIGHT} 2 - DAWN/DUSK	2 - CLOUDY	6 - SNOW 7 - SEVERE C	ROSSWINDS							WATER (STANDING, 5 - DIRT				
3 - DARK - LIGHTED ROADWAY			8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE				MOVING 7 - SLUSH				9 - OTHER/UNKNOW			OWN
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING 99 - OTHER /			ING DRIZZL	-	7 - SLUSH 9 - OTHER/U				NKNOWN			
9 - OTHER / UNKNOWN									,	, or an and a second second	~			
NARRATIVE		-	-*					1 1		6	Δ		te the no on with	
WITNESS STATED THAT THE DRIVER			-							\neg	\mathbf{A}	an "N"	'on the iss diagra	
INTO A PARKING SPACE AT THE ABOV THE PARKED VEHICLE (UNIT #1). SHE											—			
SECOND TIME AND STRUCK UNIT #1 A			-								_			
AND DROVE OFF.			-											
SEE OH 2 & OH 3'S FOR FURTHER.		-	-											
JA			-											
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	DISPATCH DATE / TIME			ATE / TIME					DATE / TIN	00000		PORT TA		
12,1,92,019,18,3,9,,12,1	92019 1839	12192	<u>'01</u>					019	20	32	Ξ.	OLICE A		
TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY OFFICER'S NAME CHECKED BY OFFICER'S NAME CLOSED INVESTIGATION TIME MINUTES CINDEA STEDLENI														
CINDEA, STEPHEN J							ISON, STEVEN CORRECTION OR ADDIT						TION 0 ODPS)	
							2 2							





		OF DEPARTMENT MOTORIST / NON-MOTORIST							19-59446									
	UNIT #	NAME: LAST, FIRST, MIDDLE									DAT	E OF BIRTH			AGE	GENDER		
	01	PARKED, UNOCCUPIED								ПТТ	т т	r r	III I	гт	, F ,			
	ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
DTOR											Î	I I	1 1	ĩ	ï	1 1		
NON-MOTORI	INJURIES	INJURED I TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT			SEATING POSITIO	N AIR BAG	USAGE E	JECTION	TRAPPED		
N NO	ī	BY								МС НЕ	LMET	L 1						
RIST	OL STATE	E OPERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL OFFE CODE			OFFENSE DESC	CRIPTION CITATION NUMBER								
1010										ALCOHOL TEST					IEST(S)			
2	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		RIVER ISTRACTED		DHOL / DRUG SUSPE	E CTED RIJUANA	CONDITION		YPE		STATUS			SELECT UP TO 4		
1	1				THER DRUG		1 1	r ir				1	I II	п п т				
Ĩ	UNIT #	NAME: LAST, FIRST, MIDDLE								DAT	E OF BIRTH			AGE	GENDER			
	02	UNKNO	WN, UNKNOWN							L	1 1	1 I	<u> </u>		1	М		
RIST	ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT	PHONE	- INCLUDE AREA C	ODE					
NON-MOTORISI	OH									L			1 1					
M-N	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT								USAGE E	JECTION	TRAPPED		
<u> </u>	1	BY			_					МС НЕ	LMET	υŢ						
RIS	OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION			CITAT	ION NUN	MBER			
MOTO	DL CLASS	ENDORSEMENT	RESTRICTION SELECT		RIVER	AL C() DHOL / DRUG SUSPE		CONDITION	AL	COHOL	TEST		DRUG TEST(S)				
	DE CEASS	SELECT UP TO 2	RESTRICTION SELECT		STRACTED			RIJUANA	CONDITION		YPE		STATUS	TYPE		SELECT UP TO 4		
L	I					0	THER DRUG								டாட			
	UNIT #	<pre># NAME: LAST, FIRST, MIDDLE</pre>								DATE OF BIRTH AGE GEN								
	<u> </u>															L1		
	ADDRESS:									CONTACT PHONE - INCLUDE AREA CODE								
1010																		
NON-MOTORI	INJURES INJURED EMSAGENCY (NAME) INJURED TAKEN BY				TAKEN TO	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT		OMPLIANT	SEATING POSITIO	N AIR BAG	USAGE	JECTION	TRAPPED			
< L	OL STATE		ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	а. А		L				<u>ــــــا</u>		
ORIS																		
N O	DL CLASS	ENDORSEMENT	RESTRICTION SELECT		RIVER	ALCO) DHOL / DRUG SUSPE	HOL / DRUG SUSPECTED CONDITION			ALCOHOL TEST			DRUG TEST(S)				
		SELECT UP TO 2		B	ISTRACTED Y		LCOHOL 🔲 MAF	RIJUANA		STATUS T	YPE	VALUE	STATUS	TYPE	RESULI	SELECT UP TO 4		
L]		SEATING POSITION			0	THER DRUG				•]				
1	FATAL	RIES	1 - FRONT - LEFT SIDE		AIR BAG OL CLASS OL RESTRI DEPLOYED 1-CLASS A 1-ALCOHOL INTE				1 - ALCOHOL INTER									
		SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE		2 - DEPLOYED FRONT 2 - CLASS B			2 - CDL INTRASTAT	ELECTRONIC COMMUNICAT			ICATION	2 - TEST REFUSED					
	- SUSPECTED - POSSIBLE IN	MINOR INJURY JURY	3 - DEPLOYED			ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LE 4 - FARM WAIVER	DEVICE (TEXTING, TYP) DIALING)								
5	NO APPAREN	T INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE (OHIO = D) 5 - EXC				5 - EXCEPT CLASS A BUS		3 - TALKING ON HANDS-FREE			4 - TEST GIVEN, RESULTS KNOWN				
INJURED TAKEN BY 5-SECOND - MIDDLE 9- DEPLOY					YMENT UNKN	MENT UNKNOWN 6 - NO VALID OL & CLASS B BUS										5 - TEST GIVEN, RESULTS UNKNOWN		
1	1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE /TREATED AT SCENE 7 - THIRD - LEFT SIDE				7 - EXCEPT TRACT EJECTION OL ENDORSEMENT 8- INTERMEDIATI						MMUNICATION DEV	ΔN	ALCOHOL TEST TYPE					
	2 - EMS (MOTORCYCLE SIDE CAR) 2 - POLICE 8 - THIRD - MIDDLE			1 - NOT EJECTED H - HAZMAT				RESTRICTIONS	ELECTRONIC DEVICE			1 - NONE 2 - BLOOD						
				2 - PARTIALLY EJECTED M - MOTORCYCLE 3 - TOTALLY EJECTED P - PASSENGER				9 - LEARNER'S PERMIT RESTRICTIONS		6 - PASSENGER 7 - OTHER DISTRACTION			3 - URINE					
		QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT AF	TAPPLICABLE N - TANKER 10 - LIMIT				- LIMITED TO DAYLIGHT ONLY INSIDE THE VEHICLE - LIMITED TO EMPLOYMENT 8 - OTHER DISTRACTION OUTSID				4 - BREATH DE 5 - OTHER					
	NONE USED	QOIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		TRAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED – OTHER THE VEHICLE						TVDE			
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 -			1 - NOTTRAPPED S - SCHOOL BUS 1			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND		9 - OTHER / UNKNOWN			DRUG TEST TYPE 1-NONE						
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNI		12 - PASSENGER IN UNENCLOSED	2 - EXTRICATED BY MECHANICAL MEANS			T - DOUBLE & TRIPLE TRAILERS CONTROLS, OR X - TANKER / HAZMAT ADAPTIVE DEV			THER CONDITION				2 - BLOOD 3 - URINE				
5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 13 - TRAILING UNI		13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS				14 - MILITARY VEHIC			SICAL IMPAIRMEN			3 - URINE 4 - OTHER					
6	6 - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIO					GENDER 15 - MOTOR VEHICL F - FEMALE AIR BRAKES			S WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)				DRUG TEST RESULT(S)					
7	REAR FACING 7 - BOOSTER SEAT 15		15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO				1 - AMF		MPHETAMINES			
	- HELMET USE		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN 17 - PROSTHETIC 18 - OTHER			ID 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.				2 - BARBITURATES 3 - BENZODIAZEPINES				
9	PROTECTIVE (ELBOW, KNE											ER THE INFLUENC	E IGS	4 - CANNA	BINOIDS			
10 - REFLECTIVE CLOTHING												COHOL ER/UNKNOWN		5 - COCAIN 6 - OPIATE	IE S/OPIOID	s		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY											7 011			7 - OTHER				
	OTHER/UNK	NOWN												8 - NEGATI	IVE RESUL	TS		

HSY8306 OH1M 1/19 [760-1500]

Ũ	COND DEPARTMENT OCCUPANT / WITNESS ADDENDUM								19-59446							
	UNIT # NAME: LAST, FIRST, MIDDLE							DAT	AGE	GENDER						
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
000	INJURIES	IES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN TAKEN BY						DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
T	UNIT #	NAME: LAS	T, FIRST, MIDDLE	DAT	E OF BIRTH		AGE	GENDER								
LN									CONTACT PHONE - INCLUDE AREA CODE							
CCUPAN	ADDRESS: STREET, CITY, STATE, ZIP															
0		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility (name, city)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET		AIR BAG USAGE	EJECTION					
Ī	UNIT #	NAME: LAS	T, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER												
CCUPANT	ADDRESS:	DDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
000	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facilit	r y (name, city)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
	UNIT #		T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER				
ANT	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP														
OCCUPAN																
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	fy (name, city)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
		INJU	IRIES	SAFET	(EQUIPMENT USED		SEATING POS	ITION		AIR BAG US	AGE					
	1 - FATA	AL.		1 - NONE US	ED -	1 - FRON	T – LEFT SIDE									
	2 - SUSPECTED SERIOUS INJURYVEHICLE OCCUPANT3 - SUSPECTED MINOR INJURY2 - SHOULDER BELT ONLY4 - POSSIBLE INJURY3 - LAP BELT ONLY USED				OCCUPANT		ORCYCLE DRIV	ER)	ED FRONT							
						2 - FRON 3 - FRON	:	3 - DEPLO	- DEPLOYED SIDE							
					F ONLY USED	4 - SECOND – LEFT SIDE				4 - DEPLOYED BOTH						
	5 - NO A	5 - NO APPARENT INJURY 4 - SHOULDER & LAP BELT USED (MOTORC)					ORCYCLE PASS	ENGER)	FRONT/							
		INJURED TAKEN BY 5 - CHILD RESTRAINT SYSTEM – 5 - SECOND – MIDE FORWARD FACING 6 - SECOND – RIGH)F	5 - NOT AP							
					ESTRAINT SYSTEM -		D – LEFT SIDE		9 - DEPLOYMENT UNKNOWN							
					CING		ORCYCLE SIDE	CAR)	EJECTION							
							D – MIDDLE D – RIGHT SIDE		1 - NOT EJECTED							
	3 - POLICE 8 - HELMET USED					10 - SLEE	PER SECTION (OF TRUCK CAB	2 - PARTIALLY EJECTED							
	9 - 0THI	ER / UNKNO			IVE PADS USED KNEES, ETC.)		ENGER IN OTH O AREA (NON-TH		3 - TOTALL							
	_		IDER		IVE CLOTHING	BUS, F	PICK-UP WITH CAI	»)	4 - NOT APPLICABLE							
	F - FEMA M - MALI				G – PEDESTRIAN		ENGER IN UNE 0 AREA	NCLOSED								
		R / UNKNO	WN	/ BICYCL		13 - TRAI	LING UNIT		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL							
				77- UINEK/			IG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS							
						15 - NON-	MOTORIST R/UNKNOWN		3 - FREED MEANS	BY NON-ME	CHANICA	4L				
ŝŝ		ST, FIRST, MIDD						DAT	E OF BIRTH		AGE	gender M				
WITNESS	TEREPKA, COLTON ADDRESS: STREET, CITY, STATE, ZIP															
IN	1538 OVERLOOK AVE SW MASSILLON OH 44647															
s	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER								
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
ESS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							