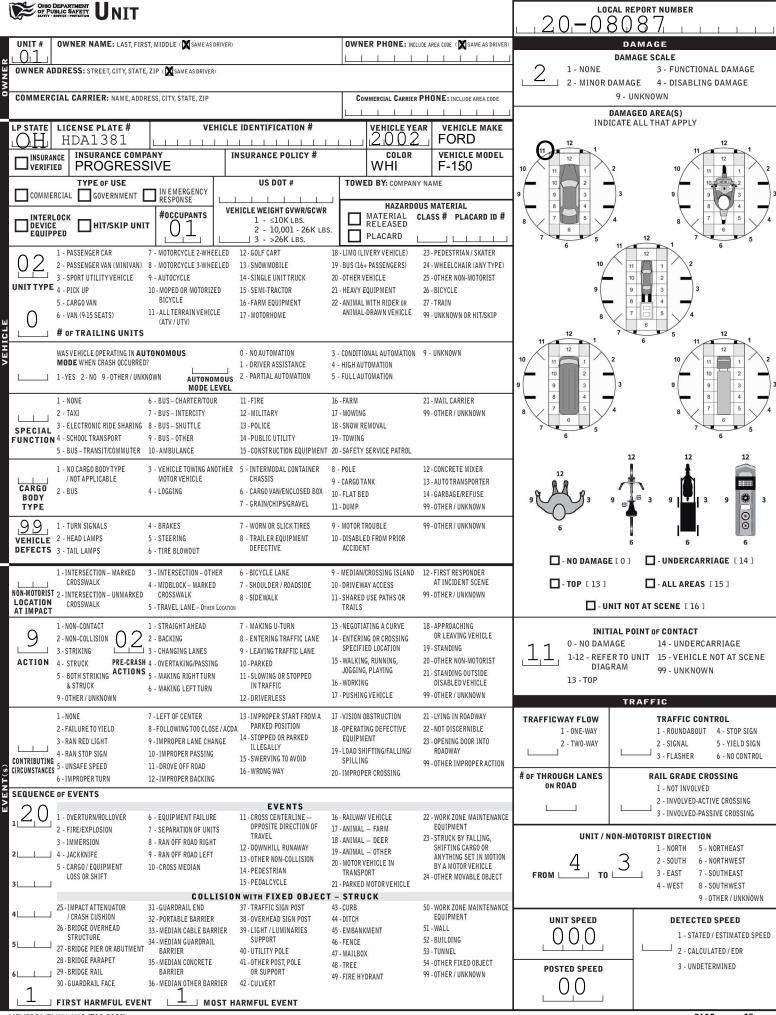
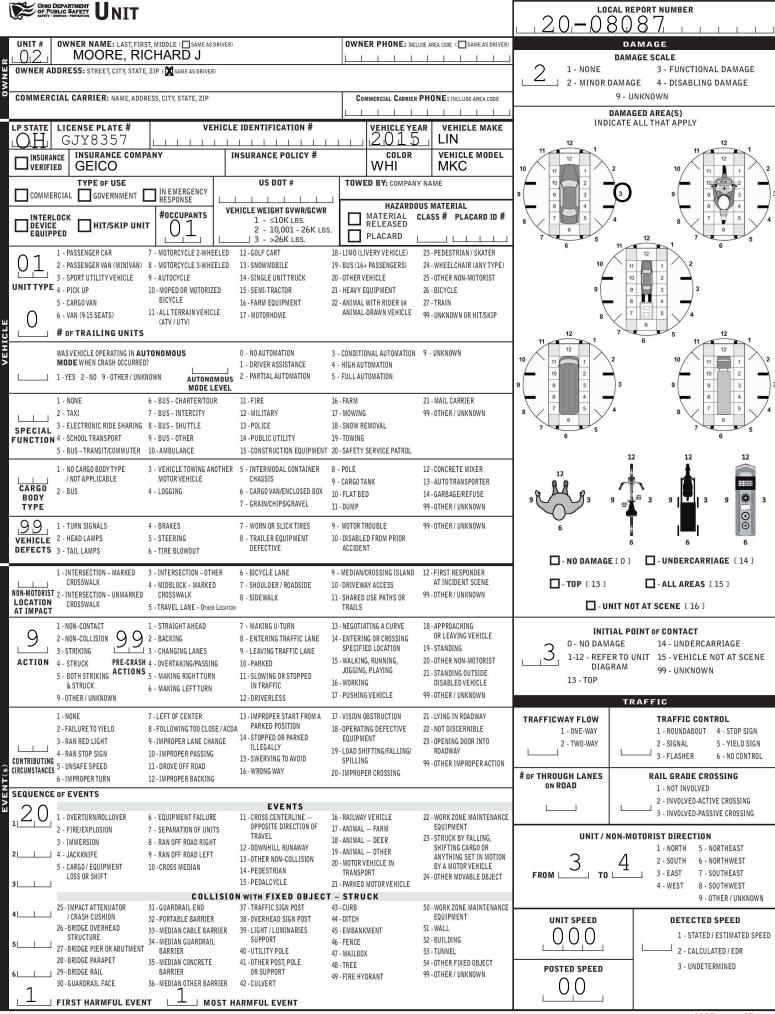
| CHILD BEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT | | | | | | | | | | $\overline{2}$ | 20-08087 | | | | | | | |
|---|--|---|--|------------------------------------|--|--|--------------------------|------------------------------------|-----------------------------------|--|---|------------------|---|-------------------------------------|--------------------|-----------------------|----------|--|
| PHOTOS TAKEN | | | | | | | | | | | | | | | | | | |
| SECONDARY CRASH | OH-IP OTHER REPORTING AGENCY NAME* NCIC* | | | | | | | | | | HIT/SKIP 1 - SOLVED J 2 - UNSOLVI | | $\left \begin{array}{c} R \text{ of UNITS} \\ R \end{array} \right _{1}^{2}$ | 9 | | RROR ANIMA UNKN | | |
| COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP* | | | | | | | | | | | CRASH DATE / TIME* CRASH SEVERITY | | | | | | | |
| 7.6 3. ^{1-CITY} -VILLAGE 3-TOWNSHIP Jackson (Township of) | | | | | | | | | | | 02092020 1131 | | | | | | | |
| | | | | | | | | | | | LATITUDE DECIMAL DEGREES SUSPECTED | | | | | | | |
| | 2 3 4 | | | | | L | RD | | | 3 - MINOR INJURY SUSPECTED | | | | | | | | |
| | MBER PREFIX 1 | - NORTH | EFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE | | | | | | | | | | | | OSSIB | LE | | |
| | 3 | - EAST - WEST | 5544 | | | | | | | | 5 - PROPERTY DAMAGE | | | | | | | |
| REFERENCE POINT | DIRECTION FROM REFERENCE | | ROUTE TYPE | | ROAD | TYPE | - | | | | INTERSE | CTION RE | LATED | | | | | |
| 3 ^{1-INTERSECTION} 2-MILE POST | 1 - NOR 2 - SOU | | ALLEY AVENUE | HW-H | IGHWAY | RD - RC SQ - SQ | | WITHIN INTERSECTION OR ON APPROACH | | | | | | | | | | |
| 3- HOUSE # | BOULEVARD | | ILEPOST | ST - ST | | WITHIN INTERCHANGE AREA NUMBER OF APPROACE | | | | | | | HES | | | | | |
| DISTANCE FROM REFERENCE | 4 - WEST SR - STATE ROUTE DE - DOUCE VARD AN - MILEITOST OF STATE DISTANCE FROM REFERENCE DISTANCE UNIT OF MEASURE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL TE - TERRA | | | | | | | | | | ROADWAY | | | | | | | |
| 1 - MILES TR - NUMBERED TOWNSHIP 2 - FEET ROUTE DR - DRIVE PI - PIKE WA - WAY | | | | | | | | | | | | | | | | | | |
| HE - HEIGHTS PL - PLACE | | | | | | | | | | | | | | | | | | |
| LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT | | | | | | | | | | | DIRECTION OF TRAVEL MEDIAN TYPE | | | | | | | |
| 0 6 2 - ON SHOULDE | VEEN 5 - BACKING MOTOR | | | | | | 1 - NORTH , 2 - SOUTH | | OIVIDED FLUSH MEDIAN <4 FEET) | | | | | | | | | |
| 4 - ON ROADSID | | | ADE CROSSING | VEHIO | CLESIN ⁶ | - ANGI - SIDE | | SAME DIREC | TION | | 3 - EAST | | | - DIVIDED FLUSH MEDIAN (≥4 FEET) | | | | |
| 5 - ON GORE | 10.1 | TRAILS | | 2 - REAR | -END 8 | - SIDE | SWIPE, (| PPOSITE DI | | | 4 - WEST | | 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN | | | | IAN | |
| 6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN 7 - ON RAMP 14 - TOLL BOOTH 3 - HEAD-ON 9 - OTHER / UNKNOWN | | | | | | | | | | | (ANY TYPE) | | | | | | | |
| 8-OFF RAMP 99-OTHER / UNKNOWN | | | | | | | | | | | | - | 9-01H |)THER/UNKNOWN | | | | |
| WORK ZONE RELAT | TED | | WORK ZONE TYPE | E | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE | | | | | | CONTOUR CO | | | DITIONS SURFAC | | | | |
| WORKERS PRESEN | п | | ANE CLOSURE ANE SHIFT/CROSS. | OVER | WARNING SIGN | | | | | | | | | | | | | |
| LAW ENFORCEMEN | IT PRESENT | | VORK ON SHOULDE DR MEDIAN | .R | 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA | | | | | 1 - STRAIGHT LEVEL 1 - DRY 2 - STRAIGHT GRADE 2 - WET | | | | 1 - CONCRETE | | | | |
| ACTIVE SCHOOL ZO | NE | | NTERMITTENT OR | MOVING WORK | 4 - ACTIVITY AREA | | | | | 3 - CURVE LEVEL 3 - SNOW | | | | 2 - BLACKTOP, BITUMINOUS, | | 3, | | |
| ACTIVE SCHOOL ZO | JNE | 5-(| THER | | 5 - TERMINATION AREA | | | | | 4 - CURVE GRADE 4 - ICE | | | | ASPHALT 3 - BRICK/BLOCK | | K | | |
| LIGHT C 1 - DAYLIGHT | ONDITION | | 1 - CLE | WEATHE | R 6 - SNOW | | | | | 9 - OTHER/UNKNOWN 5 - SAND, MUD OIL, GRAVE | | | | EI 4- SLAG, GRAVEL, | | | EL, | |
| 2 - DAVEIGHT | | | 2 - CLO | | 7 - SEVERE CROSSWINDS | | | | | 6 - WATER (S | | | | STANDING, 5 - DIRT | | | | |
| 3 - DARK – LIGH 4 - DARK – ROAD | 15 | 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE | | | | | | MOVING) 7 - SLUSH | | | | 9 - OTHER/UNKNOW | | IOWN | | | | |
| 5 - DARK – UNKN | NOWN ROADWAY | | | - SLEET, HAIL 99 - OTHER / UNKNOWN | | | | | | | | | ER/UNKNO\ | KNOWN | | | | |
| 9 - 0THER / UNK | NOWN | | | | | | | | | | | | | | | | | |
| NARRATIVE | | | | | | - 1 | | | | | | | | | Indicat directi | on with | 1 | |
| UNIT #1 STATES T | | | | | | - | | | | | | | | | an "N" compa | | | |
| INTO THE PARKIN | IG SPACE ON | N THE LE | FT SIDE. UNI | T #2 STATES | S THEY | _ | | | | | | | | | | | - | |
| WERE PARKED IN #1 STARTED BACK | | | | | N UNIT | | | _ | | | | | | | | | | |
| CONFLICTING STA | | NO INDE | PENDENT WI | TNESSES A | Т | | | | | | _ | | | | | | | |
| | 0. | | | | | - | | | | | | | | | | | | |
| MD | | | | | | - | | | | | | | | | | | - | |
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| | | | | | | - | | | | | | | | | | | | |
| CRASH REPORTED D | DATE / TIME | 1 | ISPATCH DATE / T | IME | ARI | | DATE / TI | ME | | SC | ENE CLEARE | D DATE / T | (ME | RE | PORT TAI | KEN B | Y | |
| 02092020 | 1131 | 0,2,0 | 92020,1 | Ļ132 | 02092 | 202 | 20.1 | ,1,4,1 | (| 0,2,0 | 9202 | 0,12 | 216 | X | POLICE A | GENCY | ¢ | |
| TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY | | | | | | | | | | | 12 | | | | MOTORIS | т | | |
| ROADWAY CLOSED INVESTIGATION TIME MINUTES WYDRA, CAROL | | | | | | | | | | | | | SUPPLEN (CORRECTIO | N OR ADD | ITION | | | |
| | | | | | | | | | CHECKED I | BY OFFI | cer's badgi | i Number | [*] 3 . | | TO AN EXISTING RE | EPORT SENT | TO ODPS) | |





| D | Sound department MOTORIST / NON-MOTORIST | | | | | | | | | | 20-08087 | | | | | | |
|---|--|---|---|---|---|-----------------------------------|---------------------------------------|--------------------------|---|--|---|--|--|---------------------|--|--|--|
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH AGE GENDER | | | | | | | |
| | 01 | CARTER, WAYNE D | | | | | | | | | 02041995 25 M | | | | | | |
| 2 | | | | CONTACT | PHONE - INCLUDE AREA C | ODE | | | | | | | | | | | |
| 0 | | | CANAL FULTON O | I | | | | | | | | | | | | | |
| W-NON / | | | | INJUKED | TAKENTO | : MEDICAL FACILITY | NAME, GITT) | | | | | 1 | | | | | |
| MOTORIST | DL STATE | OPERATOR L | ICENSE NUMBER | | OFFEN | SE CHAF | RGED | LOCAL CODE | OFFENSE DESC | RIPTION | t | CITATIO | ON NUMBER | | | | |
| TOM | DL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | | RIVER | ALCO | DHOL / DRUG SUSPE | | CONDITION | | OHOLTEST (PE VALUE STATUS | | DRUG TEST(S) S TYPE RESULT SELECT UP TO 4 | | | | |
| | т | | | BY ALCOHOL MARIJUANA | | | | | 1 1 | | | | | | | | |
| | UNIT # | NAME: LAST, F | FIRST, MIDDLE | | | | | | | | DATE OF BIRTH | | AGE | GENDER | | | |
| | <u>0</u> 2 | , KRISTEN ANN | | | | | | | 03291984 J 35 F | | | | | | | | |
| - | | STREET, CITY, STA TH ST N | ate, zip E CANTON OH 44 | 714 | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| IOM-NON | INJURIES | JURIES INJURED EMSAGENCY (NAME) | | | INJURED TAKEN TO: MEDICAL FACILIT | | | | SAFETY EQUIPMENT | DOT-COMPLIANT 01 | | | BAG USAGE EJECTION TRAPPED | | | | |
| - L | UL STATE OPERATOR LICENSE NUMBER | | | | OFFEN | SE CHAF | RGED | LOCAL | OFFENSE DESC | | | | <u> </u> | | | | |
| DTORIST | ** | ******* | | | | | | CODE | | | | | | | | | |
| ž | OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | | RIVER STRACTED | | DHOL / DRUG SUSPE | E CTED RIJUANA | CONDITION | | OHOL TEST (PE VALUE | | DRUG TEST(S) TYPE RESULT |) SELECT UP TO 4 | | | |
| 1 |] | டாடா | | | 1 | 01 | THER DRUG | | | | | | | | | | |
| | UNIT # | # NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH AGE GENI | | | | | | | |
| ST | ADDRESS: | STREET, CITY, ST | ATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | |
| OTORI | | 15 15 | | | | | | | | | | | | | | | |
| NON-MOTORI | INJURIES | JURIES INJURED EMS AGENCY (NAME) TAKEN BY | | | | TAKEN TO | : MEDICAL FACILITY | NAME, CITY) | SAFETY EQUIPMENT | Под-Со | | N AIR BAG U | ISAGE EJECTION | TRAPPED | | | |
| < L | OL STATE | OPERATOR L | OFFENSE CHARG | | | GED LOCAL CODE | | OFFENSE DESC | RIPTION | | | TATION NUMBER | | | | | |
| 员니 | DL CLASS | S ENDORSEMENT RESTRICTION SELECT | | | RIVER | ALCO | DHOL / DRUG SUSPECTED | | CONDITION | | OHOL TEST | | DRUG TEST(S) | | | | |
| | | SELECT UP TO 2 | | D] B' | STRACTED (| | LCOHOL 🔲 MAR | RIJUANA | | STATUS TY | PE VALUE | STATUS | TYPE RESULT | SELECT UP TO 4 | | | |
| L | INJU | | SEATING POSITION | | AIR BAG | | THER DRUG | ; | OL RESTRIC | | DRIVER DISTRAC | | TEST STA | TUS | | | |
| 1 | FATAL | | 1 - FRONT – LEFT SIDE | 1 - NOT DEPLOYED | | | 1 - CLASS A | | 1 - ALCOHOL INTER | | 1 - NOT DISTRACTED | | - NONE GIVEN | | | | |
| | 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY | | (MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE | YED FRONT | ED FRONT 2 - CLASS B ED SIDE 3 - CLASS C | | | | E ONLY NSES | 2 - MANUALLY OPERATIN ELECTRONIC COMMUN | ICATION | 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED | | | | | |
| 4 - POSSIBLE INJURY | | | 3 - FRONT - RIGHT SIDE | | ED BOTH FRONT / SIDE 4 - REGULAR CLASS | | | | NJLJ | DEVICE (TEXTING, TYP DIALING) | PING, | SAMPLE / UNUSABLE | | | | | |
| 5 - NO APPARENT INJURY | | T INJURY | 4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER) | PPLICABLE | | (OHIO = D) 5 - M/C MOPED ONLY | | 5 - EXCEPT CLASS | | 3 - TALKING ON HANDS-FF | KEE _ | 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS | | | | | |
| INJURED TAKEN BY 5- SECOND - MIDDLE | | | | 9 - DEPLO | IYMENT UNKN | OWN | 6 - NO VALID OL | | 6 - EXCEPT CLASS / & CLASS B BUS | 4 | COMMUNICATION DEVI 4 - TALKING ON HAND-HEI | LD | UNKNOWN | | | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | | | 6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE | | OL ENDORSEN | IENT | 7 - EXCEPT TRACTO 8 - INTERMEDIATE | | COMMUNICATION DEVI 5 - OTHER ACTIVITY WITH | VITY WITH AN | | | | | | | |
| 2 | 2 - EMS | | (MOTORCYCLE SIDE CAR) | JECTED | | H - HAZMAT | | RESTRICTIONS | LICENSE | ELECTRONIC DEVICE | 1 | 1 - NONE 2 - BLOOD | | | | | |
| 3 - POLICE | | NOUN | 8 - THIRD – MIDDLE 2 - PARTIALL 9 - THIRD – RIGHT SIDE 3 - TOTALLY F | | | | | | 9 - LEARNER'S PER RESTRICTIONS | MIT | 6 - PASSENGER 7 - OTHER DISTRACTION | | 2 - BLOOD 3 - URINE | | | | |
| 10 - SLE | | | 10 - SLEEPER SECTION | 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | | | P - PASSENGER N - TANKER | | 10 - LIMITED TO DAY | LIGHT ONLY | | | 4 - BREATH | | | | |
| SAFETY EQUIPMENT OF TRUCK CAB 1 - NONE USED 11 - PASSENGER IN OTHER | | | | | | | | 11 - LIMITED TO EMP | THE VEHICLE | | | 5 - OTHER | | | | | |
| ENCLOSED CA | | | ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, | | | | R - THREE-WHEEL MO | TORCYCLE | 12 - LIMITED – OTHE 13 - MECHANICAL DI | 9 - OTHER / UNKNOWN | | | DRUG TEST TYPE | | | | |
| | - LAP BELT ON | | PICK-UP WITH CAP) 2 - EXTRICATED BY | | | | S - SCHOOL BUS T - DOUBLE & TRIPLE | TRAILERS | (SPECIAL BRAKI CONTROLS, OR O | ES, HAND | IAND | | 1 - NONE 2 - BLOOD | | | | |
| | | LAP BELT USED | 12 - PASSENGER IN UNENCLOSED MECHANIC CARGO AREA 3 - FREED BY | | | ICAL MEANS X - TANKER / HAZMAT | | | ADAPTIVE DEVICES) | | 1 - APPARENTLY NORMAL | | 3 - URINE | | | | |
| 5 | CHILD RESTF | RAINT SYSTEM – CING | 13 - TRAILING UNIT | | | GENDER | | | 14 - MILITARY VEHIO | | 2 - PHYSICAL IMPAIRMEN | | 4 - OTHER | | | | |
| 6 | CHILD RESTR | RAINT SYSTEM – | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | F - FEMALE | | | AIR BRAKES | | 3 - EMOTIONAL (E.G., DEPRE ANGRY, DISTURBED) | | DRUG TEST RESULT(S) | | | | |
| 7 - BOOSTER SEAT | | | 15 - NON-MOTORIST | | | M - MALE | | | 16 - OUTSIDE MIRRO 17 - PROSTHETIC AIL | | 4 - ILLNESS | | 1 - AMPHETAMINES | | | | |
| 8 - HELMET USED | | | 99 - OTHER / UNKNOWN | | | U - OTHER / UNKNOWN | | | 17 - PROSTHETICAL | , | 5 - FELL ASLEEP, FAINTED FATIGUED, ETC. | | 2 - BARBITURATES 3 - BENZODIAZEPINES | | | | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | 6 - UNDER THE INFLUENC OF MEDICATIONS / DRU | E a | 4 - CANNABINOIDS | | | | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | / ALCOHOL 9 - OTHER / UNKNOWN | 5 | 5 - COCAINE 6 - OPIATES / OPIOIDS | | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | 9- UTHER / UNKNOWN | | | 7 - OTHER | | | |
| 99 | OTHER/UNK | NOWN | | | | | | | | | | 8 | 3 - NEGATIVE RESUL | TS | | | |

HSY8306 OH1M 1/19 [760-1500]