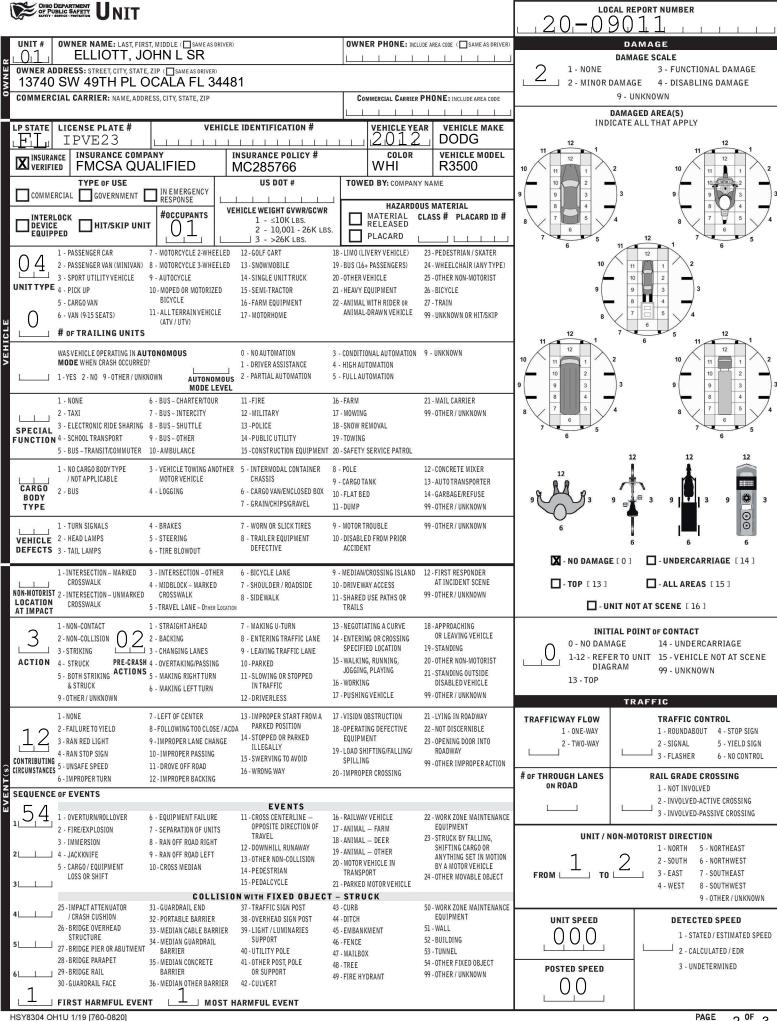
CONTROL OF A STATE AND A STATE											LOCAL REPORT NUMBER* 20 - 09011								
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION																			
SECONDARY CRASH	OH-1P OTHER REPORTING AGENCY NAME* NCIC*									r	HIT/SKIP 1 - SOLV	ED	NUMBER	OF UNITS	0	100	ANIMA		
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*										CRASH DATE / TIME* _ CRASH SEVERITY) VV IN		
7.6 3 ^{1- CITY} - VILLAGE 3- TOWNSHIP Jackson (Township of)										02132020 1529 5 1- FATAL 2- SERIOUS INJURY								v	
										E LATITUDE DECIMAL DEGREES SUSPECTED								r	
ROUTE TYPE ROUTE NU	arta r	3 - EAST 4 - WEST	PROMWA	Y	, AV					L r r		E E	1	3 - MINOR INJURY SUSPECTED					
			REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)						D TYPE							NJURY P	OSSIBI	LE	
ROUTE TYPE ROUTE NU		3 - EAST 4 - WEST	6759							5 - PROPERTY DAMAGE									
REFERENCE POINT	DIRECTION FROM REFERENCE	4		ROAD	ТҮРЕ			INTERSECTION RELATED											
3 1- INTERSECTION 2- MILE POST	1 - NC 2 - S0	ORTH IR -		AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE						WITHIN INTERSECTION OR ON APPROACH									
3- HOUSE #	- BOULEVARD		IILEPOST	SU - SU ST - ST										HES					
DISTANCE FROM REFERENCE	4 - WEST SR - STATE ROUTE DE - DOUELVARD MI - MIELT OFT ST - STATE DISTANCE FROM REFERENCE DISTANCE UNIT OF MEASURE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL TE - TERRAC										ROADWAY								
PROM REPERENCE	AY																		
2-FEET ROUTE HE - HEIGHTS PL - PLACE ROADWAY DIVIDED																			
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT										DIRECTION OF TRAVEL MEDIAN TYPE									
0 6 2 - ON SHOULD	WEEN A						IVIDED FLUSH MEDIAN <4 FEET)												
4 - ON ROADSID			RADE CROSSING	└ ┘ VEH	IICLES IN	6 - ANGI 7 - SIDE		SAME DIREC	TION	3 - EAST				2 - DIVIDED FLUSH MEDIAN (≥4 FEET)					
5 - ON GORE TRAILS 2 - REAR-END 8 - SIDESWIPE, OPPOSITE DIRECTION										4 - WEST 3 - DIVIDED, DE							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											4 - DIVIDED, RAISED MEDIAN (ANY TYPE)						DIAN		
8 - OFF RAMP 99-OTHER / UNKNOWN												9 - OTHER/UNKNOWN							
WORK ZONE RELAT	ſED		WORK ZONE TY	PE	LOCATION OF CRASH IN WORK ZONE					CONTOUR			CONDITIONS			SUR	FACE		
WORKERS PRESEN	п		LANE CLOSURE LANE SHIFT/CROS	NE CLOSURE 1 - BEFORE THE 1ST NE SHIFT/CROSSOVER WARNING SIGN												L			
LAW ENFORCEMEN	NT PRESENT		WORK ON SHOULD OR MEDIAN	DER	12 Bit 1		NCE WAR SITION A	RNING ARE	ΞA		RAIGHT LE		L-DRY		1 - CONCRETE				
		4 - 1	INTERMITTENT	R MOVING WORK	4	4 - ACTIVITY AREA					2 - STRAIGHT GRADE 2 - WET 3 - CURVE LEVEL 3 - SNOW				2 - BLACKTOP, BITUMINOUS,		5,		
ACTIVE SCHOOL ZC	INE	5 - 1	OTHER	HER 5 - TERMINATION AREA						4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK						(
	CONDITION			WEATH						9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL					Г, ,	4 - SLAG,		L,	
1 - DAYLIGHT 2 - DAWN/DUSK			1 - CL 2 - CL		6 - SNOW 7 - SEVERE CROSSWINDS						6 - WATER (S				STANDING, 5 - DIRT				
3 - DARK – LIGH 4 - DARK – ROAD)G, SMOG, SMOKE AIN	E 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE					MOVING) 7 - SLUSH					9 - OTHER/UNKNOW			0WN				
5 - DARK – UNKI	EET, HAIL	99 - OTHER / UNKNOWN					9 - OTHER/UNKN					IOWN							
9-OTHER/UNKNOWN																			
NARRATIVE						- 1	1	1 1		1				1	$ \land $	Indicat directio			
ON THE LISTED D						-								1	\checkmark	an "N" compas			
DOOR WITH AN A	TTACHED T	ΰ								++									
REGISTERED TO I													++		_	++	\rightarrow		
BUSINESS OWNE	R, JIM EVA	NS (330)96	66-7467, REQ	UESTED A F	REPORT							_			_		_	_	
FOR THE DAMAGE (800)866-5500	= 10 THE G	ARAGE D			G													-	
MD						-												-	
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CRASH REPORTED D	DATE / TIME		DISPATCH DATE /	TIME	AR		DATE / TI		┵┯┙	SC	ENE CLEA	REDD	ATE / TIM	IE T	REF	PORT TAK			
				1530	0213			L534					16		10000000	OLICEAC			
TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY O										O2132020 1609 ■ MOTORIST									
ROADWAY CLOSED INVE				ER, BRITT	ANY			- CC - C	N, STEVEN										
0	$\begin{array}{c c c c c c c c c c c c c c c c c c c $								HECKED	BY OFF	CER'S BA	DGE NI			то	AN EXISTING REI	PORT SENT T	0 ODPS)	
			<u>й</u> ци,			<u>t 1</u>		L	1	1	1	1	<u> </u>	2					



			otorist / No	20-09011														
	UNIT #	# NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER							
-	01		IA, JOSEPH FRAN	09051968 51 M														
2			IWAY 328 OCALA	CONTACT PHONE - INCLUDE AREA CODE														
-	NJURIES		EMS AGENCY (NAME)	FL 344	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED													
/ NON-MC			AKEN				: MEDICAL FACILITY	(144)(2,011)	SAFETY EQUIPMENT				1					
TORIST	X X	OPERATOR L	ICENSE NUMBER	OFFENSE CHARGED LOCAL CODE					OFFENSE DESC	RIPTION	NUMBER							
QM (DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED		DHOL / DRUG SUSP	ECTED RIJUANA	CONDITION	ALCOH STATUS TYPE		DR STATUS TY	PE RESULT) Γ select up to 4				
L]						THER DRUG				•							
	UNIT #	NAME: LAST, F	FIRST, MIDDLE							DATE OF BIRTH AGE GENDER								
ST ST	ADDRESS:	STREET, CITY, ST	ATE, ZIP															
TORI			3001-1- 2 -0-0009															
NON-MOTORISI	NJURIES	INJURED I TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FAC				(NAME, CITY)	SAFETY EQUIPMENT USED			AIR BAG USA	BAG USAGE EJECTION TRAPPED					
_	DL STATE			OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC		· [CITATION							
DTORIST								CODE										
ĕ (OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED		DHOL / DRUG SUSP	E CTED RIJUANA	CONDITION	ALCOH STATUS TYPE		STATUS TY	PE RESULT) I select up to 4				
L]			L I	1	01	THER DRUG		<u>ــــــ</u>		•							
	UNIT #	NAME: LAST, F	FIRST, MIDDLE							D	AGE	GENDER						
E E		SS: STREET, CITY, STATE, ZIP																
-MOTORIS	ADDRESS:	STREET, CITY, ST	ATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE													
DW-NON	NJURIES	RIES INJURED EMS AGENCY (NAME) TAKEN BY				TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED			AIR BAG USA	GE EJECTION	TRAPPED				
	DL STATE				OFFENSE CHARGED LOCAI CODE				OFFENSE DESC									
MOTOR)L CLASS	S ENDORSEMENT RESTRICTION SELECT				AL CO	DHOL / DRUG SUSP		CONDITION	ALCOH)L TEST	DR	DRUG TEST(S)					
	JE GEA35	SELECT UP TO 2	RESTRICTION SELECT		STRACTED		LCOHOL MA	RIJUANA	CONDITION	STATUS TYPE		STATUS TY	PE RESULT	SELECT UP TO 4				
L				L I I		01	THER DRUG	c										
1.	FATAL	RIES	SEATING POSITION 1 - FRONT - LEFT SIDE	1 - NOT DE	AIR BAG		OL CLASS 1 - CLASS A	5	OL RESTRIC		RIVER DISTRACT NOT DISTRACTED		TEST STA	105				
2.	2 - SUSPECTED SERIOUS INJURY		(MOTORCYCLE DRIVER)	YED FRONT 2 - CLASS B				2 - CDL INTRASTAT		MANUALLY OPERATING		2 - TEST REFUSED						
	3 - SUSPECTED MINOR INJURY		2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	YED SIDE 3 - CLASS C				3 - CORRECTIVE LE		ELECTRONIC COMMUNI DEVICE (TEXTING, TYP)	1NC 2-1	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
	4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		4 - SECOND – LEFT SIDE	YED BOTH FRONT / SIDE 4 - REGULAR CLASS PLICABLE (OHIO = D)				4 - FARM WAIVER 5 - EXCEPT CLASS A		DIALING)	4 - T	4 - TEST GIVEN, RESULTS KNOWN						
	NO ALLANEN	TINJONT	(MOTORCYCLE PASSENGER)		YMENT UNKNO	DWN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS	J TAEKING ON TIANDO TIKEE			5 - TEST GIVEN, RESULTS					
		TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS	4 -	TALKING ON HAND-HEL COMMUNICATION DEVI							
	1 - NOT TRANSPORTED /TREATED AT SCENE		7 - THIRD – LEFT SIDE	E	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE	-	CENSE 5 - OTHER ACTIVITY WITH AN			ST TYPE				
2.	2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJ	ECTED	H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE		1 - NONE 2 - BLOOD						
	3 - POLICE		9 - THIRD – RIGHT SIDE	2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED			M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS		PASSENGER OTHER DISTRACTION	2 11DINE						
9 - OTHER / UNKNOWN			10 - SLEEPER SECTION	PLICABLE				10 - LIMITED TO DAY				4 - BREATH						
SAFEITEQUIPMENT			OF TRUCK CAB				Q - MOTOR SCOOTER		11 - LIMITED TO EMP	LOYMENT 8 - OTHER DISTRACTION OU THE VEHICLE		TSIDE 5 - OTHER						
	1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA			R - THREE-WHEEL MOTORCYCL					12 - LIMITED - OTHE	R 9.	OTHER / UNKNOWN		DRUG TEST TYPE					
	2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED		(NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED PICK-UP WITH CAP) 2 - EXTRICATED BY			5 - SURUUL DUS			13 - MECHANICAL DE (SPECIAL BRAKE		AND			1 - NONE				
	4 - SHOULDER & LAP BELT USED		12 - PASSENGER IN UNENCLOSED	IICAL MEANS X - TANKER / HAZMAT				CONTROLS, OR O			2 - BLOOD 3 - URINE							
5	5 - CHILD RESTRAINT SYSTEM – FORWARD FACING		CARGO AREA 13 - TRAILING UNIT	CHANICAL MEANS				14 - MILITARY VEHIC	LES ONLY 2 - PHYSICAL IMPAIRMENT		_	4 - OTHER						
6		ICING RAINT SYSTEM –	14 - RIDING ON VEHICLE EXTERIOR			GENDER F-FEMALE			15 - MOTOR VEHICLE AIR BRAKES	,	WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			DRUG TEST RESULT(S)				
	REAR FACING		(NON-TRAILING UNIT)				F - FEMALE M - MALE		16 - OUTSIDE MIRRO	_	ANGRY, DISTURBED) ILLNESS	1 - AMPHETAMINES						
	7 - BOOSTER SEAT		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID) 5-	FELL ASLEEP, FAINTED,							
	8 - HELMET USED 9 - PROTECTIVE PADS USED		,, VITEN, UNINUUMA					18-0THER		FATIGUED, ETC.	3 - BENZODIAZEPINES							
	(ELBOW, KNEES, ETC.)		.)								6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS				
	10 - REFLECTIVE CLOTHING										ALCOHOL OTHER / UNKNOWN		5 - COCAINE 6 - OPIATES / OPIOIDS					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY									7-1			7 - OTHER						
99.	OTHER / UNK	NOWN										8 - N	EGATIVE RESU	LTS				
-							ô.		à									

HSY8306 OH1M 1/19 [760-1500]