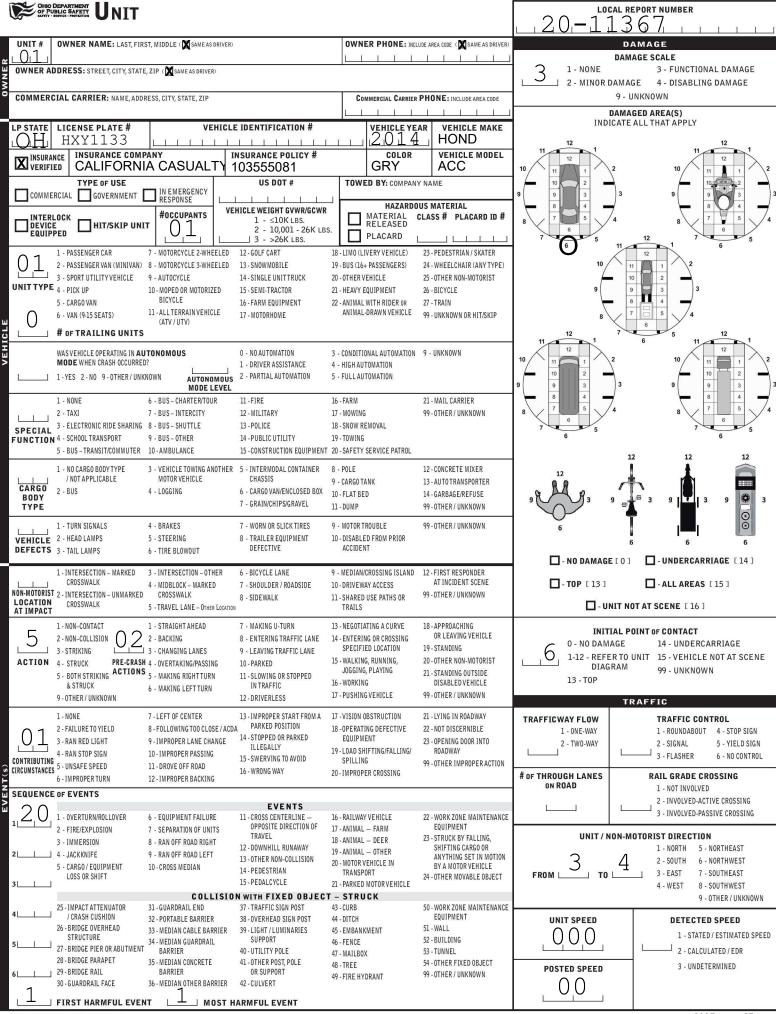
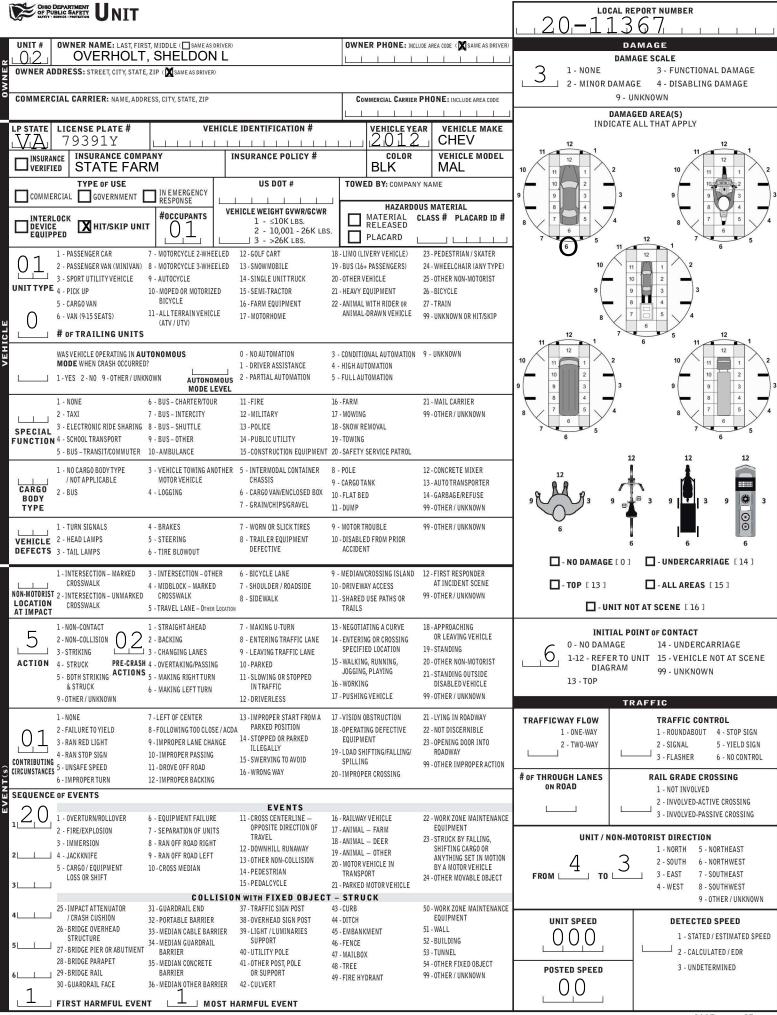
CHIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT										LOCAL REPORT NUMBER* 20-11367									
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION																			
$\square \text{ Secondary Crash} \square \text{ OH-1P} \square \text{ OTHER} \text{ REPORTING AGENCY NAME*} \\ \square \text{ Secondary Crash} \square \text{ Private property} \text{ JACKSON TWP POLICE DEPARTME} _10_17_16_12_14$										1	HIT/SKIP 1 - SOLVED 1 2 - UNSOLVI		$\left \begin{array}{c} R \text{ of UNITS} \\ R \end{array} \right _{1}$			ROR NIMAL NKNOWN			
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*										CRASH DATE / TIME* _ CRASH SEVERITY									
7_6 3. TOWNSHIP Jackson (Township of)										02222020 1432 									
ROUTE TYPE ROUTE NU	ROAD TYPE						LATITUDE	DECIMAL DEGR	SUSPECTED 3 - MINOR INJURY										
		R	RD					ш		111		SUSPECTED 4 - INJURY POSSIBLE							
ROUTE TYPE ROUTE NU	2	- SOUTH	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYP 5584							5 - PROPERTY DAMAGE									
	E	ROAD TYPE						I LIJOLI III ONLY INTERSECTION RELATED											
→ ^{1-INTERSECTION}	JTE(TP) AL	- ALLEY	HW-H	IGHWAY	RD - RO		WITHIN INTERSECTION OR ON APPROACH												
3 - HOUSE #	- AVENUE - BOULEVARD									ERCHANGE AREA NUMBER OF APPROACHES									
DISTANCE FROM REFERENCE	- CIRCLE	0V - 0		TE - TE		LIS D. DECEMBER MEDICAL CONTRACT OF A DECEMBER													
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 1 - NORTH 1 - DIVIDED FLUSH MEDIAN									
2 - ON SHOULD 3 - IN MEDIAN			LLEY ACCESS ADE CROSSING	TW0	MOTOR	- BACI				Ľ	2 - SOUTH 3 - EAST	L		4 FEET) VIDED FLUSH MEDIAN					
4 - ON ROADSIE		SHARED USE TRAILS	PATHS OR	TRAI	NSPORT 7			SAME DIREC			4 - WEST		(≥4	(≥4 FEET) DIVIDED, DEPRESSED MEDIAN					
6 - OUTSIDE TRAFFIC WAY ¹³ -BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN										4 - DIVIDED, DEPRESSEI (ANY TYPE)									
7 - 0N RAMP 14-TOLL BOOTH 8 - 0FF RAMP 99-0THER / UNKNOWN												9 - OTHER/UNKNOWN							
WORK ZONE RELA	LOCATION OF CRASH IN WORK ZONE						ONTOUR	C(NDITIONS		SURFACE								
WORKERS PRESEN	NT		ANE CLOSURE ANE SHIFT/CROS	WADNING SIGN							<u> </u>								
	40ULDER 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA							RAIGHT LEVE			1 - CONCRETE								
		4 - IN	R MEDIAN NTERMITTENT OF THER	R MOVING WORK	4 - ACTIVITY AREA					2 - STRAIGHT GRADE 2 - WET 3 - CURVE LEVEL 3 - SNOW			N	2 - BLACKTOP, BITUMINOUS,					
ACTIVE SCHOOL ZO		5 - TERMINATION AREA						4 - CURVE GRADE 4 - ICE 3 - BRICK/B											
LIGHT C 1 - DAYLIGHT	CONDITION		1 - CLE	WEATHE EAR	ER 6 - SNOW						HER/UNKNOW		D, MUD, DIR GRAVEL						
2 - DAWN/DUSK		2 - CL0	2 - CLOUDY 7 - SEVERE CROSSWINDS								6 - WAT MOV	ER (STAND)	012 00/020-60						
3 - DARK – LIGH 4 - DARK – ROAI	DWAY NOT LIGHT		3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE								7 - SLU		9 - OTHER/UNKNOW						
5 - DARK – UNK 9 - OTHER / UNK	EET, HAIL	99 - OTHER / UNKNOWN							9 - OTH	ER/UNKNOV	VN								
NARRATIVE						L.	Į.	1 L	1	L.				\wedge	Indicate	the north			
UNIT #1 WAS FAC						_							\mid	\bigcirc	<pre>> direction an "N" o </pre>				
UNIT #2 WAS FAC												compass	ulagram.						
EACH OTHER. UN	NIT #2 THEN I	LEFT THE	SCENE WIT	THOUT LEAN	/ING ANY														
INVESTIGATION F						_		_						_					
REPORTING OFFI						_								_					
THE SAME DETAIL		OCCURF	ED. AT THIS	S TIME, NEI	THER	_													
MD						-										-			
		_																	
		_								1		-							
		_																	
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										_									
			ISPATCH DATE / 1	TIME			DATE / TI						ME		PORT TAKE				
CRASH REPORTED I		2004		1435	0222			,4,4,7	, (2202		520	1000000	POLICE AGE				
TOTAL TIME		TOTAL					<u> </u>	CHECKED				<u>ĭ ı †`</u>			MOTORIST				
ROADWAY CLOSED INV				R, BRAND		ESCOLA					SH			SUPPLEME	OR ADDITION				
	0 0 45 OFFICER'S BADGE NUMBER*							ر ل	CHECKED I	BY OFFI	cer's badgi 1		4	Ţ	TO AN EXISTING REPO	RT SENT TO ODPS)			





	BURD DEPARTMENT MOTORIST / NON-MOTORIST										20 - 11367										
	UNIT #	# NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH AGE GE									
	01												<u>05052000 19 F</u>								
2		: street, city, state, zip CATHY DR NE CANTON OH 44705											CONTACT PHONE - INCLUDE AREA CODE								
													T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED								
/ NON-MO	ĩ	TAKEN BY							USED	04		OMPLIANT	01	1 1		1	_1_				
	STATE	OPERATOR L	ERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL CODE				RIPTION		CITATIO			ON NUMBER					
ž	DL CLASS	ENDORSEMENT SELECT UP TO 2				ALCOHOL / DRUG SUSPECTED							YPE VALUE STATUS			DRUG TEST(S) TYPE RESULT SELECT UP TO 4					
1	1											•——————————————————————————————————————									
	02	NAME: LAST, F	TIRST, MIDDLE OLT, STACI LEIGH							012	te of Birth 200,1	r r	1	.ge 9	gender F						
-		STREET, CITY, ST	ate, zip 401 MILLERSBUR(14654	4654						CONTACT PHONE - INCLUDE AREA CODE										
6		S INJURED EMS AGENCY (NAME) TAKEN				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIP							SEATING POSITIO	N AIR BAG	BAG USAGE EJECTION TRAPPED						
	DL STATE				OFFENSE CHARGED LOCAL CODE							ELMET	υŢ								
MOTORIST												COHOL	TEST		DRUG TEST(S)						
-	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED			RIJUANA	CONL	DITION		TYPE	VALUE	STATUS			SELECT UP TO 4				
1	UNIT #	NAME: LAST, F	TIRST, MIDDLE]	DATE OF BIRTH AGE						GENDER					
											LL	1 1									
-MOTORIST	ADDRESS:	STREET, CITY, ST	ATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE									
DM-NON	INJURIES	JURIES INJURED EMS AGENCY (NAME) TAKEN BY				TAKEN TO	: MEDICAL FACILITY (NAME, CITY)	SAFETY E	QUIPMENT		OMPLIANT	SEATING POSITIO	N AIR BAG	USAGE EJ	JECTION	TRAPPED				
< L	OL STATE	OPERATOR L	OFFENSE CHARGED LOCAL CODE				OFFEN	SE DESC	RIPTION					ATION NUMBER							
MOT	DL CLASS	S ENDORSEMENT RESTRICTION SELECT SELECT UP TO 2		DISTRACTED			DHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST STATUS TYPE VALUE S		DRUG TEST STATUS TYPE RES			SELECT UP TO 4					
1	J	ιл		BY		H	LCOHOL 🛄 MAR THER DRUG	RIJUANA	Ľ	Ĩ						JL					
	284 X	RIES	SEATING POSITION		AIR BAG		OL CLASS	5		ESTRIC			VER DISTRAC			ST STAT	rus				
	- FATAL	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEF 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTERL 2 - CDL INTRASTATE)T DISTRACTED ANUALLY OPERATIN		1 - NONE GI 2 - TEST RE						
	3 - SUSPECTED MINOR INJURY		2 - FRONT - MIDDLE	3 - DEPLOY	ED SIDE 3 - CLASS C			3 - CORRECTIVE LENSES			ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE							
	4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE		YED BOTH FRONT / SIDE 4 - REGULAR CLASS PPLICABLE (OHIO = D)					M WAIVER EPT CLASS A	DIIC	DIALING) 3 - TALKING ON HANDS-FREE			4 - TEST GIVEN, RESULTS KNOWN						
			(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		MENT UNKN	OWN	5 - M/C MOPED ONLY	6 - EXCEPT CLASS A		A CO		COMMUNICATION DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN							
	INJURED TAKEN BY 1 - NOT TRANSPORTED		6 - SECOND - RIGHT SIDE		6 - NO VALID OL					ASS B BUS EPT TRACTO	R-TRAILER		LKING ON HAND-HE MMUNICATION DEV								
	/TREATED AT SCENE 2 - EMS		7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)		JECTION		OL ENDORSEN	8 - INTE	RMEDIATE			HER ACTIVITY WITH AN ECTRONIC DEVICE		ALCOHOL TEST TYPE 1 - NONE							
	3 - POLICE		8 - THIRD – MIDDLE	1 - NOT EJE 2 - PARTIAI	LLY EJECTED		H - HAZMAT M - MOTORCYCLE		FRICTIONS RNER'S PER				2 - BL00D								
	9 - OTHER / UNKNOWN		9 - THIRD - RIGHT SIDE	3 - TOTALLY			P - PASSENGER	RESTRICTIONS		7 - OTHER DISTRACTION		3 - URINE									
	AFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NUTAPP			N - TANKER Q - MOTOR SCOOTER	10 - LIMITED TO DAYL 11 - LIMITED TO EMPI													
	1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO ARE/			TRAPPED			R - THREE-WHEEL MO	12 - LIMITED – OTHER		THE VEHICLE		DRUG TEST TYPE		ТҮРЕ							
	2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	ATED BY		S - SCHOOL BUS		13 - MECHANICAL DE (SPECIAL BRAKE		EVICES ES, HAND			1-NONE								
	4 - SHOULDER & LAP BELT USED		12 - PASSENGER IN UNENCLOSED	NICAL MEANS	6	T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		CONTROLS, OR OT ADAPTIVE DEVIC		THER CON		CONDITION PARENTLY NORMAL									
5	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		CARGO AREA 3 - FREED B 13 - TRAILING UNIT NON-ME		Y CHANICAL MEANS				14 - MILITARY VEHIC		LES ONLY 2 - PHYSICAL IMP/		YSICAL IMPAIRMEN	5 ONLINE							
6	6 - CHILD RESTRAINT SYSTEM -		14 - RIDING ON VEHICLE EXTERIOR				GENDER F - FEMALE		15 - MOTOR VEHICLES AIR BRAKES		5 Emolitoria		10TIONAL (E.G., DEPR GRY, DISTURBED)	AL (E.G., DEPRESSED, STURBED) D		DRUG TEST RESULT(S)					
7	REAR FACING 7 - BOOSTER SEAT		(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRROF 17 - PROSTHETIC AID		4 - ILLNESS				1 - AMPHETAMINES						
	8 - HELMET USED		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN	THER / UNKNOWN					LL ASLEEP, FAINTEI FIGUED, ETC.	IED ETC		2 - BARBITURATES 3 - RENZODIAZEPINES					
9	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)								18 - OTHI		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			3 - BENZODIAZEPINES 4 - CANNABINOIDS							
	10 - REFLECTIVE CLOTHING												/ALCOHOL			5 - COCAINE					
11	LIGHTING - F / BICYCLE ON												9- OTHER / UNKNOWN			6 - OPIATES / OPIOIDS 7 - OTHER					
99 - OTHER / UNKNOWN															8 - NEGATIV	VE RESULT	TS				

HSY8306 OH1M 1/19 [760-1500]