OHIO DEPARTMENT TRAFFIC CRASH R	LOCAL REPORT NUMBER*									
PHOTOS TAKEN Un-2 W On-3	LOCAL INFORMATION		20-16124							
SECONDARY CRASH	O T CO A I I SOLVED O O O O O O ONIMAL									
COUNTY* LOCALITY* LOCATION: CITY,		CRASH DATE / TIME * CRASH SEVERITY								
76 3 1-CITY Jackson (7	2 - SERIOUS INJURY									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	LATITUDE DECIMAL DEGREES SUSPECTED 3 - MINOR INJURY									
4-WEST	PORTAGE REFERENCE ROAD NAME (ROAD,	MILEPOST HOUSE #)	ST ROAD TYPE	LONGITUDE DE	SUSPECTED 4 - INJURY POSSIBLE					
2 - SOUTH 3 - EAST	LEI ERENOE ROAD NAME (ROAD,	,	NOAD TITE	-		5 - PROPERTY DAMAGE				
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYP	E		INTERSECTION RELAT	ONLY ED				
2- MILE POST 2 COUTH	AV	- ALLEY HW- HIGHW - AVENUE LA - LANE	WITHIN INTERSECTION OR ON APPROACH							
3- HOUSE # 3- EAST	STATE ROUTE BL	- BOULEVARD MP - MILEP		WITHIN INTERCHANGE AREA NUMBER OF APPROACHES						
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT	- CIRCLE OV - OVAL - COURT PK - PARKW	TE - TERRACE 'AY TL - TRAIL		ROADWAY					
	ROUTE	- DRIVE PI - PIKE - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIV	IDED					
LOCATION OF FIRST HARMFUL EVENT		NER of CRASH COLLISIO		DIRECTION OF TRAVEL MEDIAN TYPE						
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY/A	LLEY ACCESS BET	COLLISION 4-REAR-TO- WEEN 5-BACKING D MOTOR	REAR	1 - NORTH , 2 - SOUTH		DIVIDED FLUSH MEDIAN (<4 FEET)				
3-IN MEDIAN 11-RAILWAY GR. 4-ON ROADSIDE 12-SHARED USE	ADE CROSSING L VEH	HICLES IN 6 - ANGLE	PE, SAME DIRECTION	3 - EAST 4 - WEST		2 - DIVIDED FLUSH MEDIAN (≥4 FEET)				
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAI 3 - HEA		PE, OPPOSITE DIRECTION JNKNOWN	3 - DIVIDED, DEPRESSED MEDIA 4 - DIVIDED, RAISED MEDIAN						
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER/UNK	Nown			(ANY TYPE) 9 - OTHER/UNKNOWN						
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASI	I IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE				
WORKERS PRESENT	ANE CLOSURE ANE SHIFT/CROSSOVER	1 - BEFORE TH WARNING	IE 1ST WORK ZONE SIGN			L				
	/ORK ON SHOULDER R MEDIAN	2 - ADVANCE \ 3 - TRANSITIO	VARNING AREA N AREA	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,				
	NTERMITTENT OR MOVING WORK THER	4 - ACTIVITY A 5 - TERMINAT		3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT				
LIGHT CONDITION	WEATH			4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK				
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE				
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMOKE	7 - SEVERE CROSSWINI E 8 - BLOWING SAND, SOI	D, SOIL, DIRT, SNOW MOVING)			5 - DIRT				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR 99 - OTHER / UNKNOWN			7 - SLUSH 9 - OTHER/UNKNOWN	9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN					, omenomination					
NARRATIVE		- ' '	, , , ,	1 1 1 1		Indicate the north direction with				
UNIT #1 WAS TRAVELING EAST INTO TO LOCATION AND HAD THE RIGHT OF WA		_			4	an "N" on the compass diagram.				
FROM A STOP SIGN LOCATED ON PRIV STRUCK BY UNIT #1, CAUSING DAMAG		/AS								
MD		_								
		_								
		-								
		_				_				
		-								
CRASH REPORTED DATE / TIME D	ISPATCH DATE / TIME	ARRIVAL DATE	/TIME	SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY				
Personal Commercial Co	22020 1836	03122020		03122020		TORONAL CONSUMERO VICENSE LEVANORISMO O				
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTE	control of the contro	,	200 00 00	FICER'S NAME*						
	VIGARS, KELLY HALL,					ASON BRY OFFICER'S BADGE NUMBER* SUPPLEMENT (CORRECTION on ADDITION TO ALE MESTING REPORT SERT TO GORS)				
0 0 7	-1 -1	1 _ 2 3 _								

PAGE

OHIO DES	OHO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						20-16124						
0 1	NAME: LAST, FIRST, MIDDLE SPIKER, ASHLEY L						DATE OF BIRTH AGE GENI 23 F						
ADDRESS:	: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
215 C	215 CANTON RD AKRON OH 44312								1 1 1	1 1	LL	1 1	
ADDRESS:	INJURED TAKEN BY				: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-CO		N AIR BAG US	AGE EJECTION	TRAPPED	
OL STATE	8 100	DPERATOR LICENSE NUMBER OFFENSE CHA			SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	CRIPTION	1	CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2				VER ALCOHOL / DRUG SUSPECTED RACTED ALCOHOL MARIJUANA			CONDITION		COHOL TEST YPE VALUE	DRUG TEST(S) STATUS TYPE RESULT SELECT UPTO 4		
			THER DRUG						_				
02	NAME: LAST, FIRST, MIDDLE THOMAS, THOMAS E							030	141937	1 1	83	GENDER M	
ADDRESS: 1332 L	STREET, CITY, ST	ATE, ZIP NTER ST UNIONT	OWN (OH 446	685				CONTACT	PHONE - INCLUDE AREA C	ODE .		
ADDRESS:	INJURED TAKEN BY	EMS AGENCY (NAME) INJURED TAKEN TO:			: MEDICAL FACILITY	CILITY (NAME, CITY) SAFETY EQUIPMENT USED			OMPLIANT SEATING POSITION	N AIR BAG US	AIR BAG USAGE EJECTION TRAPPED		
OL STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHAR			RGED	LOCAL CODE	OFFENSE DESC	RIPTION	CITA		TATION NUMBER	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DI	IVER STRACTED		OHOL / DRUG SUSPI		CONDITION		COHOL TEST Type Value		RUG TEST(S	.T SELECT UPTO 4
			BY			LCOHOL MAI	RIJUANA						
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GEI					
ADDRESS:	A ADDRESS: STREET, CITY, STATE, ZIP							CONTACT	PHONE - INCLUDE AREA C	ODE	. [
INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITIO	N AIR BAG US	AGE EJECTION	I TRAPPED
ADDRESS:	TAKEN BY							USED	DOT-CO		1		لــــا
OL STATE	UPERATURE	R LICENSE NUMBER OFFENSE CHA			SE CHAI	KGED	CODE	OFFENSE DESC	KIPIIUN		CITATIO	N NUMBER	
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DI	DISTRACTED		OHOL / DRUG SUSPI LCOHOL MAI	E CTED Rijuana	CONDITION		COHOL TEST Type Value		YPE RESUL	T SELECT UP TO 4
					0.	THER DRUG							
1 - FATAL	IRIES	SEATING POSITION 1- FRONT - LEFT SIDE	1 - NOT DE	AIR BAG PLOYED		1 - CLASS A	5	OL RESTRIC		1 - NOT DISTRACTED		TEST STA	ATUS
	SERIOUS INJURY	(MOTORCYCLE DRIVER)		YED FRONT				2 - CDL INTRASTAT		2 - MANUALLY OPERATING AN		2 - TEST REFUSED	
3 - SUSPECTED		2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLO					3 - CORRECTIVE LENSES		ELECTRONIC COMMUN DEVICE (TEXTING, TYP			
4 - POSSIBLE IN 5 - NO APPAREN	4 SECUND LEET CIDE				RONT			Δ RIIS	DIALING) 3 - TALKING ON HANDS-FF	4 - TEST GIVEN RESULTS KNOWN			
	(MOTORCYCLE PASSENGER) 9 - DEPLOYMENT UNKNOWN			OWN	5 - M/C MOPED ONLY 6 - EXCEPT CLASS			A	COMMUNICATION DEVI	E TEAT ANIEN BEAULTA			
1- NOT TRANSP	TAKEN BY	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO		4 - TALKING ON HAND-HEI COMMUNICATION DEVI	ICF		
/TREATED AT		7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	E	JECTION		OL ENDORSE	MENT	8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	IΔN	NONE	ST TYPE
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJ	ECTED LLY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	OMIT	ELECTRONIC DEVICE 6 - PASSENGER		BL00D	
9 - OTHER / UNK	CNOWN	9 - THIRD - RIGHT SIDE 3 - TOTALLY EJECTED		P - PASSENGER	DECEDICTIONS		7 - OTHER DISTRACTION		3 - URINE				
CAFETY F	10 - SLEEPER SECTION 4 - NOT APPLICABLE OF TRUCK CAB			N - TANKER 10 - LIMITED TO DA		0. 071150 01070 1071011 011			4 - BREATH JTSIDE 5 - OTHER				
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	1	RAPPED		Q - MOTOR SCOOTER	TODOVOLE	11 - LIMITED TO EM 12 - LIMITED - OTHE		THE VEHICLE	,010102		
2 - SHOULDER B	JLDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED				S - SCHOOL BUS 13 - MECHANICAL D				9 - OTHER / UNKNOWN	1.	DRUG TEST TYPE 1-NONE		
	LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICAT SHOULDER & LAP REIT LISED 12 - PASSENGER IN UNENCLOSED MECHANII			ICAL MEANS		(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		2 - BLOOD			
	5 - CHILD RESTRAINT SYSTEM – CARGO AREA 3 - FREED		3Y X - TANKER / HAZMAT					1 - APPARENTLY NORMAL					
FORWARD FA	FORWARD FACING 13 - TRAILING UNIT NON-ME		ECHANICAL M	CHANICAL MEANS GENDER			15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER		
	REAR FACING (NON-TRAILING UNIT)			F - FEMALE		AIR BRAKES 16 - OUTSIDE MIRROR		ANGRY, DISTURBED)		DRUG TEST RESULT(S)			
	7 - BOOSTER SEAT 15 - NON-MOTORIST				M - MALE U - OTHER / UNKNOWN		17 - PROSTHETIC AID		4 - ILLNESS 5 - FELL ASLEEP, FAINTED,		1 - AMPHETAMINES 2 - BARBITURATES		
	8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED				3,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1			18 - OTHER		FATIGUED, ETC.		3 - BENZODIAZEPINES	
(ELBOW, KNE	(ELBOW, KNEES, ETC.)								OF MEDICATIONS / DRUGS		4 - CANNABINOIDS		
10 - REFLECTIVE										/ALCOHOL 9-OTHER/UNKNOWN		· COCAINE · OPIATES / OPIOI	DS
/ BICYCLE ON	11 - LIGHTING – PEDESTRIAN / BICYCLE ONLY							7- OTHER/ OWKNOWN			7 - OTHER		
99 - OTHER / UNK	(NOWN										8	NEGATIVE RESU	ILTS

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