| OHIO DEPARTMENT TRAFFIC CRASH | LOCAL REPORT NUMBER* | | | | | | | | | |
|--|--------------------------------------|---|--|---|--|--|--|--|--|--|
| PHOTOS TAKEN OH-2 OH-3 | | 1225 | | | | | | | | |
| OH-1P OTHER | REPORTING AGENCY NAME* | NCIC* | HIT/SKIP 1 - SOLVED | NUMBER OF UNITS | UNIT IN ERROR 98 - ANIMAL | | | | | |
| PRIVATE PROPERTY | JACKSON TWP PO | LICE DEPARTI | ME <u>[0,7,6,2,4</u> | L 2 - UNSOLVED | | 99 - UNKNOWN | | | | |
| 176 3 1-CITY | Y, VILLAGE, TOWNSHIP* | | | CRASH DATE / TIME * 03142020 1115 5 1- FATAL | | | | | | |
| 3-TOWNSHIP JACKSOIT | 2 - SERIOUS INJURY | | | | | | | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 WEST | LOCATION ROAD NAME WHIPPLE | | ROAD TYPE | LAITIUDE DE | Service Servic | - MINOR INJURY | | | | |
| 4-WEST | REFERENCE ROAD NAME (ROAD | MILEDOCT HOUSE # | DOAD TYPE | LONGITUDE | | SUSPECTED - INJURY POSSIBLE | | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | J, MILEPUS I, HUUSE #) | EPOST, HOUSE #) ROAD TYPE LONGITUDE DECIMAL DEGREES | | | | | | | | |
| | | | | - PROPERTY DAMAGE ONLY | | | | | | |
| REFERENCE POINT DIRECTION FROM REFERENCE 1 - NORTH IR | ROUTE TYPE - INTERSTATE ROUTE(TP) AI | ROAD T L - ALLEY HW- HIGH | | | INTERSECTION RELATED | | | | | |
| 3 2-MILE POST 2 COUTU | - I EDERAL OS ROOTE | V - AVENUE LA - LAN | | WITHIN INTERSECTION OR ON APPROACH | | | | | | |
| 4-WEST SR | - STATE ROUTE | L - BOULEVARD MP - MILI R - CIRCLE OV - OVAI | | | | | | | | |
| FROM REFERENCE UNIT OF MEASURE | NUMBERED TOWNSHIP | T - COURT PK - PARI R - DRIVE PI - PIKE | | | ROADWAY | | | | | |
| 2 - FEET | ROUTE | E - HEIGHTS PL - PLA | | ROADWAY DIV | IDED | | | | | |
| LOCATION OF FIRST HARMFUL EVEN | IT MAI | NNER OF CRASH COLLIS | ION/IMPACT | DIRECTION OF TRAVEL MEDIAN TYPE | | | | | | |
| 1 - ON ROADWAY 9 - CROSSOVEI | | T COLLISION 4 - REAR-T TWEEN 5 - BACKIN | | 1 - NORTH | | IVIDED FLUSH MEDIAN <4 FEET) | | | | |
| 3 - IN MEDIAN 11 - RAILWAY (| GRADE CROSSING L J TW | O MOTOR HICLES IN 6-ANGLE | | 2 - SOUTH 3 - EAST | 2 - DIVIDED F | DIVIDED FLUSH MEDIAN | | | | |
| 4 - ON ROADSIDE 12-SHARED U 5 - ON GORE TRAILS | COLD DIR STORY ROLLING DISCONS | | WIPE, SAME DIRECTION WIPE, OPPOSITE DIRECTION | 4 - WEST | S SAT IN NO SUCCESSORS | (≥4 FEET) - DIVIDED, DEPRESSED MEDIAN | | | | |
| 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 7 - ON RAMP 14-TOLL BOOT | J-11L/ | AD-ON 9-OTHER | / UNKNOWN | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) | | | | | | |
| 8 - OFF RAMP 99 - OTHER / UI | | | | | 9 - OTHER/UN | KNOWN | | | | |
| WORK ZONE RELATED | WORK ZONE TYPE | LOCATION OF CRA | ASH IN WORK ZONE | CONTOUR | CONDITIONS | SURFACE | | | | |
| WORKERS PRESENT | LANE CLOSURE LANE SHIFT/CROSSOVER | 1 - BEFORE WARNIN | THE 1ST WORK ZONE IG SIGN | 1 | | | | | | |
| 1 — | WORK ON SHOULDER OR MEDIAN | 2 - ADVANC | E WARNING AREA | 1 - STRAIGHT LEVEL | 1 - DRY | 1 - CONCRETE | | | | |
| 4- | INTERMITTENT OR MOVING WOR | K 4 - ACTIVITY | YAREA | 2 - STRAIGHT GRADE 3 - CURVE LEVEL | 2 - WET 3 - SNOW | 2 - BLACKTOP, BITUMINOUS, | | | | |
| ACTIVE SCHOOL ZONE 5- | OTHER | 5 - TERMIN | ATION AREA | 4 - CURVE GRADE | 4 - ICE | ASPHALT 3 - BRICK/BLOCK | | | | |
| LIGHT CONDITION | WEATH | | | 9 - OTHER/UNKNOWN | 5 - SAND, MUD, DIRT, OIL, GRAVEL | OIRT, 4 - SLAG, GRAVEL, | | | | |
| 1 - DAYLIGHT 2 - DAWN/DUSK | 1 - CLEAR 2 - CLOUDY | 6 - SNOW 7 - SEVERE CROSSWI | INDS | | 6 - WATER (STANDING, | DING, 5 - DIRT | | | | |
| 3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED | 3 - FOG, SMOG, SMOK 4 - RAIN | E 8-BLOWING SAND, S | SOIL, DIRT, SNOW OR FREEZING DRIZZLE | | MOVING) 7 - SLUSH | 9 - OTHER/UNKNOWN | | | | |
| 5 - DARK — UNKNOWN ROADWAY LIGHTING | THE RESIDENCE OF THE | 99 - OTHER / UNKNOV | | | 9 - OTHER/UNKNOWN | | | | | |
| 9 - OTHER / UNKNOWN | | 1 1 1 | | | | | | | | |
| NARRATIVE | | | | | | Indicate the north direction with | | | | |
| OWNER OF UNIT #1 STATED THAT SH FROM AN INDIVIDUAL STATING HE ST | | _ | | | | an "N" on the compass diagram. | | | | |
| NAME AND PHONE NUMBER WERE LE | EFT; HOWEVER, NO CON | ITACT HAS | | | | | | | | |
| BEEN MADE YET WITH THE MALE WH HAS BEEN MADE AND NEEDED INFOR | | | | | | | | | | |
| THE REPORT. | | | | | | | | | | |
| GM | | <u> </u> | | | | | | | | |
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| | | <u> </u> | | | | | | | | |
| CRASH REPORTED DATE / TIME | DISPATCH DATE/TIME | ARRIVAL DA | CONTRACTOR OF CO | SCENE CLEARED I | 170 | POLICE AGENCY | | | | |
| | 62020 1855 | 03162020 | | 03162020 | | MOTORIST | | | | |
| TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINU | | HEN | GLC 21 31 | FICER'S NAME* ON STEVEN SUPPLEMENT | | | | | | |
| | | ANGE NUMBER* | CHECKED | D BY OFFICER'S BADGE NUMBER* (CORRECTION OR ADDITION OF ADDITION | | | | | | |
| | t U | 4 | 3 | 1 1 | 2 , 2 , | | | | | |

J FIRST HARMFUL EVENT

| OHIO DES | OHIO DEPARTMENT MOTORIST / NON-MOTORIST | | | | | | | 20-17225 | | | | | | | |
|----------------------------------|--|--|-------------------------|---|---------------------------------------|--|--|--|---|---------------------------------|---------------------------------------|--|------------------|------------------------|--|
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE 0 | F BIRTH | | AGE | GENDER | | |
| <u>'0'T</u> | PARKED, UNOCCUPIED | | | | | | | | | | | | F | | |
| ADDRESS: | STREET, CITY, STATE, ZIP | | | | | | | | CONTACT | PHONE - IN | ICLUDE AREA CO | DE | | | |
| INJURIES | INJURED | EMS ACENCY (NAME) | | TINUIDED | TAKENTO | MEDICAL FACILITY | (WALLE 02770) | CAFETY FOUIDMENT | | | ATING POSITION | LATERACIO | AST TELESTION | I TRAPPED | |
| ADDRESS: | S INJURED TAKEN BY . INJURED | | | RED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED | | | DOT-CO | OMPLIANT | ATING FUSITION | AIR BAG USA | AGE EJECTION | IKAPPED | | | |
| | ATE OPERATOR LICENSE NUMBER OFF | | | OFFEN | DFFENSE CHARGED LOCAL OFFENSE DES | | | OFFENSE DESC | CRIPTION | | | CITATION NUMBER | | | |
| OL STATE | | | | | | | CODE | | | | | | | | |
| ≥ OL CLASS | SS ENDORSEMENT SELECT UPTO 3 DRI DIS BY | | | RIVER STRACTED | | | | ALCOHOL TEST STATUS TYPE VALUE S | | | | RUG TEST(S | T SELECT UP TO 4 | | |
| 1 1 | | | | | OTHER DRUG | | | | | i ai | | | | | |
| UNIT # | NAME: LAST, F | FIRST, MIDDLE | | | | | | , | | | F BIRTH | | AGE | GENDER | |
| \cup | BOCHE | NEK, THOMAS A | | | | | | | 022 | 319 | <u> </u> | | 64 | M | |
| ADDRESS: | STREET, CITY, ST | ATE, ZIP OOD AVE NE NOF | TI. 0 | ANITON | | 44700 | | | CONTACT | PHONE - IN | ICLUDE AREA CO | DE | | | |
| O I/OO I | | EMS AGENCY (NAME) | XIII C | | | | 10,0002-0020 | CAFETY FOUIDMENT | T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED | | | | | | |
| 1768 E INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED | TAKEN TO | O: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED O | | | DOT-CO | DMPLIANT | | AIR BAG USA | AGE EJECTION | TRAPPED | |
| | OPERATOR L | ICENSE NUMBER | | OFFEN | SE CHAI | RGED | LOCAL | OFFENSE DESC | RIPTION | | | CITATION | N NUMBER | ــــــــال | |
| OL STATE | ****** | • | | | | | CODE | | | | | | | | |
| ≥ OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | DI | RIVER | | OHOL / DRUG SUSP | | CONDITION | | YPE \ | | | RUG TEST(S | S) T SELECT UP TO 4 | |
| | | 1 1 11 1 11 | ВУ | | | LCOHOL MAI THER DRUG | RIJUANA | ļ. , | L 11 | Used | | 111 | | 11 11 1 | |
| UNIT # | NAME: LAST, F | FIRST, MIDDLE | | | | | | 1 | | DATE 0 | F BIRTH | | AGE | GENDER | |
| | | | | | | | | | | | 1 1 1 | | | | |
| ADDRESS: | STREET, CITY, ST | ATE, ZIP | | | | | | | CONTACT | PHONE - IN | CLUDE AREA CO | DE | | | |
| ADDRESS: INJURIES | INJURED | EMS AGENCY (NAME) | | Immee | TAKENTO | MEDICAL FACILITY | | CAFETY FOUIDMENT | | | ATING POSITION | Larp pag ug | LOS L SUSONIAN | I TOLORES | |
| NON | TAKEN BY | EWS AGENCY (NAME) | | INJURED | TAKENTO | : MEDICAL FACILITY | (NAME, CITY) | USED | □ DOT-Co | OMPLIANT | | AIR BAG USA | AGE EJECTION | TRAPPED | |
| OL STATE | OPERATOR LICENSE NUMBER OFFER | | | OFFEN | | | | OFFENSE DESC | CRIPTION | | | CITATION NUMBER | | | |
| OL STATE | | | | | | | CODE | | | | | | | | |
| ≥ OL CLASS | SELECT UP TO 2 | | DI | RIVER STRACTED | | OHOL / DRUG SUSP | ECTED RIJUANA | CONDITION | | YPE \ | | | (PE RESUL | T SELECT UP TO 4 | |
| 1 1 | 1 п. н | | BY | ı ı | | THER DRUG | KIJUANA | l _{r r} | | I at | | 111 | | | |
| 286.8 | IRIES | SEATING POSITION | | AIR BAG | | OL CLAS | s | OL RESTRIC | | DRIVER | DISTRACT | | TEST ST | | |
| 1 - FATAL 2 - SUSPECTED | SERIOUS INJURY | 1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DE 2 - DEPLO | PLOYED YED FRONT | | | | 1 - ALCOHOL INTER 2 - CDL INTRASTAT | TE ONLY 2 - MANUALLY OPERATING | | | | | | |
| 3 - SUSPECTED 4 - POSSIBLE IN | 2 EDONT DICUTCINE | | | | | | 3 - CORRECTIVE LE | NSES | DEVICE | ONIC COMMUNIO (TEXTING, TYPI | NC 3- | ION 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | |
| 5 - NO APPAREN | 4 SECOND LEET SIDE | | | | | | 5 - EXCEPT CLASS | DINEING) | | | EE 4 - TEST GIVEN, RESULTS KNOWN | | | | |
| INJURED | TAKEN BY 5 - SECOND - MIDDLE 9 - DEPLOYMENT UNKNOWN | | | OWN | 5 - M/C MOPED ONLY 6 - NO VALID OL | 0 - EXCEPT CLASS | | | | | | IINKNOWN | | | |
| 1 - NOT TRANSP /TREATED AT | | | | | OL ENDORSE | 7 - EXCEPT TRACTO OL ENDORSEMENT 8 - INTERMEDIATE | | | | | | ALCOHOL TEST TYPE | | | |
| 2 - EMS | | (MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE | 1 - NOT EJECTED | | H - HAZMAT | ZMAT RESTRICTIONS | | ELECTRONIC DEVICE | | | 1 - NONE 2 - BLOOD | | | | |
| 3 - POLICE 9 - OTHER / UNK | CNOWN | 9 - THIRD – RIGHT SIDE 3 - TOTALLY EJECTED | | P - PASSENGER | | | | 7 - OTHER DISTRACTION | | | 3 - URINE | | | | |
| SAFETY E | 10 - SLEEPER SECTION 4 - NOT APPLICABLE OF TRUCK CAB | | | N - TANKER 10 - LIMITED TO DAY Q - MOTOR SCOOTER 11 - LIMITED TO EM | | | PLOYMENT 8 - OTHER DISTRACTION OUT | | | 4 - BREATH ITSIDE 5 - OTHER | | | | | |
| 1 - NONE USED | ENCLOSED CARGO AREA | | | R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTHE | | | 9 - OTHER / LINKNOW/N | | | DRUG TEST TYPE | | | | | |
| 3 - LAP BELT ON | | | CATED BY | T - DOUBLE & TRIPLETRAILERS | | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER | | CONDITION | | | 1 - NONE 2 - BLOOD | | | |
| | CHILD RESTRAINT SYSTEM – CARGO AREA 3 - FREI | | 3 - FREED | | | | ADAPTIVE DEVICES) 1 | | 1 - APPARENTLY NORMAL | | 3 - | 3 - URINE | | | |
| FORWARD FA | ORWARD FACING 13 - TRAILING UNIT NON-MI HILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR | | ECHANICAL M | CHANICAL MEANS GENDER | | | 15 - MOTOR VEHICLES WITHOUT | | 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, | | SSED, | 4-OTHER | | | |
| REAR FACING | AR FACING (NON-TRAILING UNIT) | | | F-FEMALE M-MALE | | | AIR BRAKES 16 - OUTSIDE MIRRO | AIR BRAKES ANGRY, DIST OUTSIDE MIRROR 4- ILLNESS | | | DRUG TEST RESULT(S) 1 - AMPHETAMINES | | | | |
| | - BOOSTER SEAT 15 - NON-MOTORIST - HELMET USED 99 - OTHER / UNKNOWN | | | U - OTHER / UNKNOWN | | | | 17 - PROSTHETIC AID 5 - FELL ASLEE 18 - OTHER FATIGUED, E | | LEEP, FAINTED, ED, ETC. | TED, 2 - BARBITURATES | | | | |
| | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS | | Δ. | 3 - BENZODIAZEPINES 4 - CANNABINOIDS | | | |
| | ECTIVE CLOTHING | | | | | | | /ALCOR | | | OL | 5 - COCAINE | | | |
| / BICYCLE ON | -LIGHTING - PEDESTRIAN /BICYCLE ONLY | | | | | | | 9-OTHER/UNKNOWN | | | 7 - OTHER | | | | |
| 99 - OTHER / UNK | NOWN | | | | | | | | | | | 8 - | NEGATIVE RESU | JLTS | |

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