OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*								
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION		20-32414						
SECONDARY CRASH OH-1P OH-1P OTHER PRIVATE PROPERTY	REPORTING AGENCY NAME* JACKSON TWP POL	LICE DEPARTMI	HIT/SKIP 1 - SOLVED 1 - SOLV						
	Y, VILLAGE, TOWNSHIP*			crash date/time* crash severity 05122020 1830 5 1-FATAL					
3-TOWNSHIP V	/ O 3 2-VILLAGE 3-TOWNSHIP Jackson (Township of)								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	STRIP		LATITUDE DECIMAL DEGREES SUSPECTED 3-MINOR INJUR SUSPECTED SUSPECTED						
	REFERENCE ROAD NAME (ROAD,	ROAD TYPE	LONGITUDE DECIMAL DEGREES 4-INJURY POSSIB						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	6375			_ - 		5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYP			INTERSECTION RELA	ATED			
3 2- MILE POST 2- SOUTH US	7000	- ALLEY HW- HIGHW. - AVENUE LA - LANE	AY RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
	- STATE ROUTE	- BOULEVARD MP - MILEPO - CIRCLE OV - OVAL	OST ST - STREET TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE CT	- COURT PK - PARKW	AY TL - TRAIL		ROADWAY				
2 - FEET	FEET ROUTE PI - PIRE WA- WAY ROADWAY DIVIDED								
LOCATION OF FIRST HARMFUL EVEN		NER OF CRASH COLLISION COLLISION 4 - REAR-TO-		DIRECTION OF TRAVEL MEDIAN TYPE					
0 6 2 - ON SHOULDER 10-DRIVEWAY	//ALLEY ACCESS 5 1- NOT 0 BETY TWO	REAR	1 - NORTH 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)						
3 - IN MEDIAN 11 - RAILWAY G 4 - ON ROADSIDE 12 - SHARED U	GRADE CROSSING L - VEHI	ICLES IN 6 - ANGLE	PE, SAME DIRECTION	3 - EAST 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)					
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAF 3 - HEAD		PE, OPPOSITE DIRECTION	3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER / UI	ГН				(ANY 1 9 - OTHER	TYPE) R/UNKNOWN			
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH	I IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE			
1-	· LANE CLOSURE · LANE SHIFT/CROSSOVER	1 - BEFORE TH WARNING	E 1ST WORK ZONE SIGN						
	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE V	ARNING AREA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE					
	INTERMITTENT OR MOVING WORK	4 - ACTIVITY A	REA	2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, 3 - CURVE LEVEL 3 - SNOW 2 - SPHALT ASPHALT					
	OTHER	5 - TERMINAT	UN AREA	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK			
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	ER 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE			
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	7 - SEVERE CROSSWING 8 - BLOWING SAND, SOI		6 - WATER (STANDING, MOVING) 5 - DIRT						
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN	9 - FREEZING RAIN OR I	REEZING DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN			
9 - OTHER / UNKNOWN	3 SEELI, HALL	77 OTHER ON WOWN			9 - OTHER/UNKNOWN	1			
NARRATIVE]			Indicate the north direction with			
ON TUESDAY, 05/12/2020, WHILE AT 6 ONE, WAS HEADING (WEST) THROUG					7	an "N" on the compass diagram.			
UNIT TWO, WAS BACKING (SOUTH) FI NOT SEE UNIT ONE. UNIT TWO STRU	ROM A PARKING SPOT, AN	ND DID							
DAMAGE TO UNIT ONE PASSENGER S	SIDE. LIGHT DAMAGE TO					_			
TWO. NO INJURIES REPORTED. NO	VEHICLES TOWED.	-				-			
_JA		-				-			
						-			
		_							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE	/TIME	SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY			
	.22020 1830	05122020		0,5,1,2,2,0,2,0	-contract Contractor	M POLICE AGENCY			
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT	AL OFFICER'S NAME*		CER'S NAME*	MOTORIST					
	MARICH, NICHO OFFICER'S BAL	HALL, JA	BY OFFICER'S BADGE NUMBER* (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)						
0 0 3		1							

J FIRST HARMFUL EVENT

PAGE

PAGE

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST					20-32414									
UNIT #	NAME: LAST, FIRST, MIDDLE CLAY, JOSEPH A						DATE OF BIRTH AGE GENDE 27 M							
ADDRESS:	SS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
1561 l	561 LOCUST ST S CANAL FULTON OH 44614								CEATING DOCUTION	<u> </u>	1 1	1 1		
INJURIES	INJURED TAKEN BY				TAKEN TO	KENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED L		DOT-COMPLIANT SEATING POSITION OF THE LINE TO THE LINE		N AIR BAG US	AGE EJECTION	TRAPPED 1		
ADDRESS: 1561 INJURIES OL STATE **********************************	OPERATOR LICENSE NUMBER OFFENSE (SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATIO	N NUMBER			
ol class	ENDORSEMENT SELECT UP TO 2			VER ALCOHOL / DRUG SUSPECTIVACTED ALCOHOL MARIJ			condition	STATUS TYPE VALUE			RUG TEST(S	S) T SELECT UP TO 4		
UNIT #	NAME	EIDST MIDDLE	0.	THER DRUG				DATE OF BIRTH	L	AGE	GENDER			
02	TRUMP, DEBRA J								070	91953		66	F	
ADDRESS: 5605 I	STREET, CITY, ST	R ST NW CANTON	OH 44	718					CONTACT	PHONE - INCLUDE AREA C	ODE			
ADDRESS:	INJURED TAKEN BY				TAKEN TO	KENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUI			DOT-C	DMPLIANT 1	N AIR BAG USAGE EJECTION TRAPPED			
OL STATE	OPERATOR L	ICENSE NUMBER OFFENSE			SE CHAI	RGED LOCAL OFFENSE DESC			RIPTION		CITATIO	CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER STRACTED	_	OHOL / DRUG SUSPI		CONDITION		COHOL TEST YPE VALUE		RUG TEST(S	S) LT SELECT UP TO 4	
4			BY	1		LCOHOL MAF	RIJUANA							
UNIT #	IT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH A								AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE														
NJURIES	INJURED	EMS AGENCY (NAME)		INTURED	TAKENTO	· MEDICAL FACILITY	(NAME CITY)	SAFETY FAILIDMENT		SEATING POSITIO	N ATD DAC HE	ACE ELECTION	TRAPPED	
NON /	TAKEN BY			INSURED	INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIP USED				MC HE	DMPLIANT	I L	AGE ESECTION	I IKAFFED	
OL STATE	OPERATOR L	OR LICENSE NUMBER OFFENSE			SE CHAI	RGED LOCAL OFFENSE DESC			RIPTION		CITATIO	CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DISTRACTED		DHOL / DRUG SUSPI	PECTED CONDITION ARIJUANA		STATUS TYPE VALUE			RUG TEST(S	T SELECT UP TO 4		
				j	0.	THER DRUG								
	JRIES	SEATING POSITION	200	AIR BAG		OL CLASS	5	OL RESTRIC		DRIVER DISTRACTED		TEST ST	ATUS	
1 - FATAL 2 - SUSPECTED	1 - FRONT – LEFT SIDE 1 - NOT DEPL CTED SERIOUS INJURY (MOTORCYCLE DRIVER) 2 - DEPLOYER							1 - ALCOHOL INTER 2 - CDL INTRASTAT		2 - MANUALLY OPERATING AN		1 - NONE GIVEN 2 - TEST REFUSED		
3 - SUSPECTED	MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLO				3 - CORRECTIVE LENSES		ELECTRONIC COMMUNICATIO DEVICE (TEXTING, TYPING,		3 - IEST GIVEN, CONTAMINATED			
1000	4 CECOND LEFT CIDE				D BOTH FRONT / SIDE 4 - REGULAR CLASS 4 - FARM WAIVE				DIALING)	4.TEST GIVEN RESULTS KNOWN				
5 - NO APPAREN	(MOTORCYCLE PASSENGER)			MENT UNKNO	PLE 2 - EXCELL CLASS				3 - TALKING ON HANDS-FF COMMUNICATION DEV	EE . TEST STIEN SESUITS				
INJURED	AKEN BY 5- SECOND - MIDDLE 6- NO VALID OL & CLA				& CLASS B BUS		4 - TALKING ON HAND-HE		UNKNOWN					
1 - NOT TRANSP /TREATED A		KIED			OL ENDORSEMENT 7 - EXCEPT TRACTO 8 - INTERMEDIATE				5 - OTHER ACTIVITY WITH	ALCOHOL TEST TYPE				
2 - EMS		(MOTORCYCLE SIDE CAR)	1 - NOT EJ	ECTED		H - HAZMAT		RESTRICTIONS	LICENSE	ELECTRONIC DEVICE	1.	NONE BLOOD		
3 - POLICE	ZNOWN	8-THIRD – MIDDLE 2- PARTIALLY EJECTED /N 9-THIRD – RIGHT SIDE 3-TOTALLY EJECTED		M - MOTORCYCLE 9 - LEARNER'S PEI P - PASSENGER RESTRICTIONS		RMIT 6 - PASSENGER 7 - OTHER DISTRACTION		3 - URINE						
7-UINEK/UNK	10 - SLEEPER SECTION 4 - NOT APPLI					10 - LIMITED TO DAYLIGHT ONLY		INSIDE THE VEHICLE		4 - BREATH				
	SAFETY EQUIPMENT OF TRUCK CAB 11. DASSENCED IN OTHER				Q - MOTOR SCOOTER 11 - LIMITED TO EMI				8 - OTHER DISTRACTION (THE VEHICLE	OUTSIDE 5 -	TSIDE 5 - OTHER			
1 - NONE USED 2 - SHOULDER E	NONE USED 11 - PASSENGER IN UTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED				R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTHE				9 - OTHER / UNKNOWN		DRUG TEST TYPE			
3 - LAP BELT ON	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICAT			I - DUUBLE & IKIPLE IKAILEKS		(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		1 - NONE 2 - BLOOD				
	CARGO ARFA 2 EDEED IS		NICAL MEANS BY	Y X - TANKER / HAZMAT		ADAPTIVE DEVICES)				3 - URINE				
	FORWARD FACING 13 - TRAILING UNIT NON-ME			CHANICAL MEANS 12			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT		4 - OTHER			
	5 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F-FEMALE		AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		DRUG TEST RESULT(S)				
	7 - BOOSTER SEAT 15 - NON-MOTORIST			M - MALE				4- ILLNESS		1 - AMPHETAMINES				
	8 - HELMET USED 99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN					5 - FELL ASLEEP, FAINTED FATIGUED, ETC.	TED, 2 - BARBITURATES 3 - BENZODIAZEPINES			
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							6-		6. UNDER THE INFLUENCE		- CANNABINOIDS		
10 - REFLECTIVE										/ALCOHOL	5 -	COCAINE		
11 - LIGHTING - I										9 - OTHER / UNKNOWN		OPIATES / OPIOI OTHER	DS	
99 - OTHER / UNK	CNOWN											NEGATIVE RESU	JLTS	

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