OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*											
PHOTOSTAKEN OH-2 X OH-3	D ORAI	20-3	6631									
OH-1P OTHER SECONDARY CRASH PRIVATE PROPERTY	OH-1P OTHER REPORTING AGENCY NAME* NCIC* HIT/SKIP NUMBER OF UNITS UNIT IN ERROR											
COUNTY* LOCALITY* LOCATION: CIT												
3 - TOWNSHIP Jackson	ROAD TYPE			2 - SERIOUS INJURY								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	40 861	5 9 5	SUSPECTED 3 - MINOR INJURY SUSPECTED									
	LONGITUDE DE		4 - INJURY POSSIBLE									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<u>-81,485</u>	901	5 - PROPERTY DAMAGE ONLY									
REFERENCE POINT DIRECTION FROM REFERENCE 1 - INTERSECTION 1 - NORTH IR		INTERSECTION REL RSECTION OR ON APF	A.V.A.T.A.A.B.S.S.									
2 - MILE POST 2 - SOUTH US	Q - SQUARE T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES										
4-WEST SR- DISTANCE DISTANCE CR-	E - TERRACE											
FROM REFERENCE UNIT OF MEASURE 1 - MILES 2 - FEET	L - TRAIL /A - WAY	ROADWAY DIVIDED										
	KOADWAT DIV	T										
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER	1 - NOT	NER OF CRASH COLLISION/IMPA(COLLISION 4 - REAR-TO-REAR	СТ	DIRECTION OF TRAVE		DIAN TYPE ED FLUSH MEDIAN						
1.0.0	TWO	WEEN 5-BACKING MOTOR 5-ANGLE ICLES IN 6-ANGLE		2 - SOUTH (<4 FEET)								
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS		NSPORT 7 - SIDESWIPE, SAME		3 - EAST 4 - WEST	(≥4 F	EET) ED, DEPRESSED MEDIAN						
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEAI	1 10 10 10			4 - DIVID	ED, RAISED MEDIAN TYPE)						
7 - 0N RAMP 14-10LL BOOT 8 - 0FF RAMP 99-0THER / UN					9 - OTHE	R/UNKNOWN						
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO		CONTOUR 1	CONDITIONS	SURFACE						
WORKERS PRESENT 2 -	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST V WARNING SIGN										
LAW ENFORCEMENT PRESENT 3-	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNIN 3 - TRANSITION AREA		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP,								
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	ĒΑ	3 - CURVE LEVEL 3 - SNOW BITUMINOUS, ASPHALT 4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAC, CRAVEL								
LIGHT CONDITION	WEATHE	ER										
1 - DAYLIGHT 2 - DAWN/DUSK	1 - CLEAR 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS		OIL, GRAVEL STONE								
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DIRT,			MOVING)	5 - DIRT 9 - OTHER/UNKNOWN						
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN	NG DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWI							
9 - OTHER / UNKNOWN		1										
NARRATIVE	NED 4				4	Indicate the north direction with an "N" on the						
UNIT #3 WAS PARKED AND UNOCCUP WHEN IT ROLLED EASTBOUND OUT C	F GEAR AND STRUCK TH	IE RIGHT				compass diagram.						
REAR BUMPER OF UNIT #1 AND LEFT PANEL) OF UNIT #2, WHILE BOTH WE												
UNIT #3 WAS PARKED BY THE THE W NOT SET THE EMERGENCY BRAKE	ITNESS WHO ADVISED H	Unit 3										
MD												
		-				_						
		-	U	nit 3 _Unit 1_ 738	3 FULTON DR NW (SA	FETY CENTER) _						
		-	(1) North (1)			_						
				Unit 2		_						
						_						
				Not To Sca.	e							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY						
AND	72020 1505	05272020 15	0,5,].()5,2,72,02,0	-contract this Contractions	M POLICE AGENCY						
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT	ECKED BY OFFI	CER'S NAME*		MOTORIST SUPPLEMENT								
		N, STEVEN Y OFFICER'S BADGE N	IUMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)								
0 0 7	7 9 OFFICER'S BAI	DGE NUMBER*2			2,2,							

J FIRST HARMFUL EVENT

PAGE

48 - TRFF

54 - OTHER FIXED OBJECT

28 - BRIDGE PARAPET

35 - MEDIAN CONCRETE

41 - OTHER POST, POLE

48 - TRFF

49 - FIRE HYDRANT

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

3 - UNDETERMINED

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

BARRIER

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							20-36631								
UNIT #	* NAME: LAST, FIRST, MIDDLE													GENDER	
ΩŢ	PARKED, UNOCCUPIED														_N_
ADDRES:	S: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
0101				T				Ta. ===v =auva=u=		<u> </u>	1 1	<u> </u>	<u> </u>	<u> </u>	11
MOLORISE TO TOUR TO TOUR TO TOUR TO TOUR TOUR TO	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED USED	□ DOT-C	OMPLIANT	SEATING POSITION	AIR BAG U	SAGE E	JECTION	TRAPPED
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION	ļ		CITATION NUMBER			
TORI							CODE								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		COHOL / DRUG SUSPECTED CONDITION				COHOL T				RESULT	SELECT UP TO 4
	J		BY		=	LCOHOL MAF	RIJUANA	ļ	ll.						
UNIT #	NAME: LAST, F	FIRST. MIDDLE			OTHER DRUG			DATE OF BIRTH					AGE	GENDER	
02		D, UNOCCUPIED													N
ADDRESS	S: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				-11		
TOR										1	1 1	1 1	1	1	1 1
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPM			QUIPMENT		OMPLIANT SEATING POSITION		SAGE E	JECTION	TRAPPED
ON /	BY						-	USED	Шмс не			<u> </u>	_		
OU CLASS	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAF	RGED	LOCAL CODE	OFFENSE DESC	RIPTION			CITATIO	N NUN	IBER	
	_								ALCOHOL TEST			DRUG TEST(S)			
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION		YPE					SELECT UP TO 4
			.			THER DRUG						111		ш	تالا
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE	OF BIRTH		1	AGE	GENDER
0,3	PARKEI	D, UNOCCUPIED													_N_
ADDRESS	S: STREET, CITY, ST	ATE, ZIP							CONTACT	PHONE -	- INCLUDE AREA CO	DE			
010												1 1	_		
ADDRESS INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	□ ВОТ-С	OMPLIANT	SEATING POSITION	AIR BAG U	SAGE E	JECTION	TRAPPED
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OL STATE						CODE									
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER	ALC	COHOL / DRUG SUSPECTED CONDITION		ALCOHOL TEST STATUS TYPE VALUE					EST(S)	SELECT UPTO 4	
	355501 07 102		BY	TRACTED	=	_	RIJUANA		JOIATOO I		VALUE .	JIAIOS		KEGGEI	SEEECI OF 10 4
LINI	URIES	SEATING POSITION		AIR BAG	0	THER DRUG OL CLASS	:	OL RESTRIC	TION(S)		ER DISTRACT	TON	TE	ST STA	TIIS
1 - FATAL	ORILS	1 - FRONT - LEFT SIDE	1 - NOT DEP			1 - CLASS A	,	1 - ALCOHOL INTER	200		DISTRACTED		- NONE G		
	D SERIOUS INJURY D MINOR INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE			2 - CLASS B	2 - CLASS B 2 - CDL INTRASTAT 3 - CLASS C 3 - CORRECTIVE LE			FNSFS ELECTRONIC COMMUNI			ICATION 3-TEST GIVEN CONTAMINATED		
4 - POSSIBLE		3 - FRONT - RIGHT SIDE	4 - DEPLOYED BOTH FRONT / SIDE			4 - REGULAR CLASS 4 - FARM WAIVER			DEVICE (TEXTING, TYPII DIALING)			NG, SAMPLE / UNUSABLE			
(MOTORCYCLE PASSENGER)			5 - NOT APP	LICABLE MENT UNKNO	N/MC	(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS			ING ON HANDS-FR MUNICATION DEVI	ICE 5 - TEST GIVEN, RESULTS			
INJURED TAKEN BY 5-SECOND - MIDDLE					(NOVALIB OL					4 - TALKING ON HAND-HELD COMMUNICATION DEVICE					
1 - NOT TRANSPORTED /TREATED AT SCENE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION OL ENDORSEMENT 8- INTERMEDIA			8 - INTERMEDIATE	E LICENSE 5 - OTHER ACTIVITY WITH AN			ΔN	ALCOHOL TEST TYPE					
2 - EIVI 3		8 - THIRD - MIDDLE	1 - NOT EJECTED 2 - PARTIALLY EJECTED						RESTRICTIONS LEARNER'S PERMIT		ELECTRONIC DEVICE 6 - PASSENGER		2 - BL00D		
9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 -		3-TOTALLY EJECTED P- PASSENGER			RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE			3 - URINE 4 - BREATH					
SAFETY EQUIPMENT OF TRUCK CAB			4 - NOT APP	PLICABLE N - TANKER 10 - LIMITED TO DE Q - MOTOR SCOOTER 11 - LIMITED TO EN			PLOYMENT 8 - OTHER DISTRACTION OUTSII								
ENCLOSED CARGO AREA				RAPPED R-THREE-WHEEL MOTORCYCLE 12 - LIMITED – OTH				9 - OTHER / LINKNOWN				DRUG TEST TYPE			
WON THAT		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRAPPED 2 - EXTRICATED BY			S-SCHOOL BUS (SPECIA		(SPECIAL BRAK	(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		1 - NONE 2 - BLOOD		
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM –		12 - PASSENGER IN UNENCLOSED CARGO AREA	ED MECHANICAL MEANS 3 - FREED BY			X - TANKER / HAZMAT ADAP		ADAPTIVE DEVI	ADAPTIVE DEVICES)		1 - APPARENTLY NORMAL		3 - URINE		
FORWARD FACING		13 - TRAILING UNIT NON-ME			MECHANICAL MEANS GENDER			14 - MILITARY VEHICLE	E THI GIONE INITIALISMENT			4 - OTHER			
6 - CHILD RESTRAINT SYSTEM – REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	EKIUK			F-FEMALE		AIR BRAKES 16 - OUTSIDE MIRROR		ANGRY, DISTURBED) 4- ILLNESS		D	DRUG TEST RESULT(S)		
7 - BOOSTER SEAT 8 - HELMET USED		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				M - MALE 16 - OUTSIDE MIRE U - OTHER / UNKNOWN 17 - PROSTHETIC A		D 5- FELL ASLEEP, FAINTE		1 - AMPHETAMINES), 2 - BARBITURATES					
9 - PROTECTIV	E PADS USED						18 - OTHER			FATIGUED, ETC. 6 - UNDER THE INFLUENCE		3 - BENZODIAZEPINES 4 - CANNABINOIDS			S
(ELBOW, KI	VEES, ETC.) 'E CLOTHING										EDICATIONS / DRUG	GS 4	- CANNA - COCAIN		
11 - LIGHTING	11 - LIGHTING - PEDESTRIAN									9-OTHE	R / UNKNOWN				S
	/ BICYCLE ONLY 99 - OTHER / UNKNOWN											7 - OTHER 8 - NEGATIVE RESULTS			

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OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM							20-36631						
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
Ļ	ADDRESS STORY STATE AND								1 1 1		1 []	L	
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP								- INCLUDE AREA CO	DE			
00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (NAME, CITY)		— DOT C	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
		TAKEN BY					USED	DOT-COMPLIANT MC HELMET	آــــــآــــــــــــــــــــــــــــــ				
7	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
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OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
300	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (NAME, CITY)	SAFETY EQUIPMENT	20.000000	EJECTION	TRAPPED			
	1 1	TAKEN BY					USED	DOT-COMPLIANT MC HELMET	f 1 f	1 [1 1	r 1	
ī	UNIT#	NAME: LAS	T, FIRST, MIDDLE		I			DAT	AGE	GENDER			
_	نــــــــــــــــــــــــــــــــــــــ												
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
000	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	FJECTION	TRAPPED	
	1 1	TAKEN BY					USED	DOT-COMPLIANT MC HELMET	1 1 1	nan bad dona'	1		
\exists	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
_												L	
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP		CONTACT PHONE	- INCLUDE AREA CO	DE		7				
000	TNIIIDIEC	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	()	CAFETY FOUIDMENT		SEATING POSITION	AIR BAG USAGE	FIECTION	TRABBER	
	INJUNIES	TAKEN BY	LINS AGENCY (NAIME)		INJURED PARENTO, WEDICAL PACIETY	IT (NAME, CITY)	USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG GSAGE	ESECTION	IKAFFED	
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE		
	1 - FATA	AL		1 - NONE US	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	FR)	1 - NOT DE	PLOYED			
			RIOUS INJURY NOR INJURY		ER BELT ONLY USED 2 - FRONT - MIDDLE			LIC		OYED FRONT			
		SIBLE INJU		3 - LAP BEL	T ONLY USED		IT – RIGHT SIDE IND – LEFT SIDE	4 5551 61/55 5551					
5 - NU APPARENT INJURY					ER & LAP BELT USED (MOTORCYCLE PASS				FRONT				
		INJURED	TAKEN BY		ESTRAINT SYSTEM – D FACING		IND – MIDDLE IND – RIGHT SIC	3					
					ESTRAINT SYSTEM -	7 - THIR (MOT							
	/TREATED AT SCENE REAR FA 2 - EMS 7 - BOOSTEF					8 - THIR	D – MIDDLE	1 - NOT EJECTED					
	3 - POLICE 8 - HELMET				USED		D – RIGHT SIDE PER SECTION (2 - PARTIA	LLY EJECT	ED		
	(ELBOW,				TIVE PADS USED KNEES, ETC.)		ENGER IN OTH			Y EJECTED			
ı	GENDER 10 - REFLEC				TIVE CLOTHING	BUS, F	PICK-UP WITH CAP	PLICABLE					
	M - MALE 11 - LIGHTIN / BICYCL				G – PEDESTRIAN F ONLY		ENGER IN UNE 10 AREA	NCLOSED	TRAPPED 1 - NOT TRAPPED				
	U - OTHER / UNKNOWN 99 - OTHER /						LING UNIT NG ON VEHICLE	2 - EXTRICATED BY MECHANICA					
					(NON-	TRAILING UNIT)	EXTENSOR.	MEANS 3 - FREED BY NON-MECHANICAL					
							MOTORIST ER/UNKNOWN		MEANS		0117111107	`_	
S		ST, FIRST, MIDD							E OF BIRTH		AGE	GENDER	
WITNESS		IP, MYR						05181			39	_M_	
MI	ADDRESS: STREET, CITY, STATE, ZIP 7383 FULTON DR N NW MASSILLON OH 44646							CONTACT PHONE - INCLUDE AREA CODE					
S	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP												
MI	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GEND						
WITNESS													
WIT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					

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