PHOTOS TAKEN OH-1P OTHER SECONDARY CRASH PRIVATE PROPERTY JACKSON TWP POLICE DEPARTME 0.7.6.2.4 IIIVSKIP 1. SOLVED 0.2 98. ANIMAL OLOCALITY* COUNTY* LOCALITY* 2. VILLAGE 2. VILLAGE 2. VILLAGE 3. IIIV 2. SOUTH 3. EAST 3. EAST 4. WEST 4. WEST 4. WEST 5. PROPERTY JACKSON TWP POSSIBLE 5. PROPERTY DAMAGE (ROAD, MILEPOST, HOUSE #) 5. PROPERTY DAMAGE (NILL OLOCALITY DAMA												
SECONDARY CRASH PROPERTY JACKSON TWP POLICE DEPARTME 0.7.6.2.4 1. SOLVED 0.2 98-ANIMAL COUNTY* LOCALITY* LOCALITY* LOCALITY* Jackson (Township of) ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 2-SOUTH 3-EAST 3-EAST 4-WEST WALES ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST 4-WE												
COUNTY* LOCALITY* 3 2-VILLAGE 3 3-TOWNSHIP ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 3-EAST 4-WEST CRASH DATE / TIME* 11062020 2229 1-FATAL 2-SERIOUS INJURY SUSPECTED ROAD TYPE AV LOCATION: CITY, VILLAGE, TOWNSHIP* 11062020 2229 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED												
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 3 - EAST 3 - EAST 4 - WEST												
2-SOUTH 3-EAST 4-WEST WALES AV SUSPECTED												
3USPECIED SUSPECIED												
2 - SOUTH 3 - EAST 5 - PROPERTY DAMAGONLY												
□												
REFERENCE POINT DIRECTION ROUTE TYPE ROAD TYPE INTERSECTION RELATED												
2 1-INTERSECTION 1-NORTH IR -INTERSTATE ROUTE(TP) AL -ALLEY HW-HIGHWAY RD - ROAD WITHIN INTERSECTION OR ON APPROACH												
2 - SOUTH US - FEDERAL US ROUTE AV - AVENUE LA - LANE SQ - SQUARE 3 - HOUSE # US - FEDERAL US ROUTE BL - BOULEVARD MP - MILEPOST ST - STREET WITHIN INTERCHANGE AREA NUMBER OF APPROACHI												
DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL TE - TERRACE												
FROM REFERENCE UNIT OF MEASURE 1 - MILES 2 - FEET ROUTE TR - NUMBERED TOWNSHIP ROADWAY DIVIDED TR - NUMBERED TOWNSHIP ROADWAY DIVIDED												
HE - HEIGHTS PL - PLACE												
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 4 - REAR-TO-REAR 1 - NORTH 1 - DIVIDED FLUSH MEDIAN												
6 2 - ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS TWO MOTOR 5 - BACKING (<4 FEET)												
4- ON ROADSIDE 12-SHARED USE PATHS OR TRANSPORT 7-SIDESWIPE, SAME DIRECTION 4-WEST (≥4 FEET)												
5 - ON GORE TRAILS 2 - REAR-END 8 - SIDESWIPE, OPPOSITE DIRECTION 3 - DIVIDED, DEPRESSED MEDIA 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN 4 - DIVIDED, RAISED MEDIAN												
7 - ON RAMP 14-TOLL BOOTH (ANYTYPE) 8 - OFF RAMP 99-OTHER / UNKNOWN 9 - OTHER/UNKNOWN												
WORK ZONE TYPE LOCATION OF CRASH IN WORK ZONE CONTOUR CONDITIONS SUPFACE												
1 - LANE CLOSURE 1 - BEFORE THE 1ST WORK ZONE												
3 - WORK ON SHOULDER 2 - ADVANCE WARNING AREA 1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE												
LAW ENFORCEMENT PRESENT OR MEDIAN 3 - TRANSITION AREA 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS, BITUMINOUS,												
ACTIVE SCHOOL ZONE 5-OTHER 5-TERMINATION AREA 3-SNOW ASPHALT												
LIGHT CONDITION WEATHER 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAG, GRAVEL												
5 1-DAYLIGHT 1-CLEAR 6-SNOW OIL, GRAVEL STONE STONE 2-CLOUDY 7-SEVERE CROSSWINDS 6-WATER (STANDING, 5-DIPT												
3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW MOVING) 3 - OTHER/JINKNON												
4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE 7 - SLUSH 5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER/UNKNOWN 9 - OTHER/UNKNOWN												
9 - OTHER / UNKNOWN												
NARRATIVE Indicate the nor direction with												
ON 11/06/2020, AROUND 2220 HOURS, A KNOWN SUSPECT STRUCK UNIT #1 WITHIN HIS VEHICLE. HE THEN LEFT THE AREA WITHOUT												
EXCHANGING INFORMATION WITH UNIT #1. THE DRIVER OF UNIT #2												
(HIT/SKIP UNIT) WAS IDENTIFIED AS JAYDEN BERRY. HE WORKS AT THIS LOCATION AND WAS IDENTIFIED BY THE MANAGER. AS THE												
RESULT OF THIS HIT SKIP ACCIDENT, UNIT #1 HAS LIGHT DAMAGE ON THE RIGHT CORNER OF REAR BUMPER. CONTACT WAS MADE WITH												
THE OWNER OF UNIT #2 (MOTHER OF JAYDEN BERRY). SHE PROVIDED NECESSARY INFORMATION FOR THE REPORT.												
JA –												
1												
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY												
Anisot design to the second section of the section of the second section of the second section of the section												
11062020 2229 11062020 2229 11062020 2236 11062020 2306 Decked by OFFICER'S NAME* TOTAL TIME												
11062020 2229 11062020 2229 11062020 2236 11062020 2306 D MOTORIST												

J FIRST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

42 - CULVERT

30 - GUARDRAIL FACE

PAGE

OHIO DEP OF PUBLI MAZETY - SERVI	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST									20-66506						
UNIT #	NAME: LAST, FIRST, MIDDLE PARKED, UNOCCUPIED								DATE OF BIRTH				AGE		gender N	
ADDRESS:	STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA				DDE	1		1 1	
ADDRESS:	INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED				SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING POSITION			AIR BAG U	SAGE EJEC	TION	TRAPPED 1	
OL CLASS	OPERATOR L	OFFENSE CHARGED LOCAL				OFFENSE DESC	RIPTION			CITATION NUMBER						
OL CLASS	ENDORSEMENT SELECT UP TO 2				TYER ALCOHOL / DRUG SUSPE			CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP			SELECT UP TO 4	
UNIT # 0 2		AME: LAST, FIRST, MIDDLE SERRY, JAYDEN M				UI OTHER DROG					DATE OF BIRTH			5	GENDER M	
ADDRESS: 11265	STREET, CITY, ST		CONTACT PHONE - INCLUDE AREA CODE													
ADDRESS: 11265 INJURIES	INJURED TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME				SAFETY EQUIPMENT	DOT-COMPLIANT SEATING POSITION 1			AIR BAG U	SAGE EJEC	TION	TRAPPED 1	
OL STATE	OPERATOR L	ICENSE NUMBER	OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION			CITATION NUMBER					
ol class	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		RIVER STRACTED Y		OHOL / DRUG SUSP LCOHOL MAI THER DRUG		CONDITION		YPE			TYPE RE		SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH				AGE		GENDER	
ADDRESS: STREET, CITY, STATE, ZIP										PHONE -	INCLUDE AREA CO	DDE I	1	<u>—II</u>	1	
ADDRESS: INJURIES OL STATE	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	□ ВОТ-С	MPLIANT	SEATING POSITION	AIR BAG U	SAGE EJEC	rion	TRAPPED	
OL STATE	OPERATOR L	ERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL CODE			RIPTION	'	CITATIO	CITATION NUMBER				
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L IN III	IRIES	SEATING POSITION		AIR BAG		OL CLAS	ς	OL RESTRIC	TION(S)		ER DISTRACT	TON	TEST		IIS	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY INJURED TAKEN BY 1 - NOTTRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 7 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 3 - TOTALLY EJECTED 3 - TOTALLY EJECTED				1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL OL ENDORSE H - HAZMAT M - MOTORCYCLE P - PASSENGER	1 - ALCOHOL INTER 2 - CDL INTRASTAT 3 - CORRECTIVE LE 4 - FARM WAIVER 5 - EXCEPT CLASS & CLASS B BUS 7 - EXCEPT TRACT(8 - INTERMEDIATE RESTRICTIONS 9 - LEARNER'S PEF RESTRICTIONS	E ONLY 2 - MANUALLY OPERATING INSES DEVICE (TEXTING, TY DIALING) A BUS 3 - TALKING ON HANDS-F A COMMUNICATION DEV 10-TRAILER COMMUNICATION DEV COMMUNICATION DEV COMMUNICATION DEV COMMUNICATION DEV ELECTRONIC DEVICE		NICATION 3 - TEST GIVEN, CONTAMINATE SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOW ILD ILD ALCOHOL TEST TYPE			LE LTS KNOWN LTS			
9 - OTHER / UNKNOWN SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		10 - SLEEPER SECTION OFTRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	4 - NOT APPLICABLE TRAPPED 1 - NOTTRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MC S - SCHOOL BUS T - DOUBLE & TRIPLE X - TANKER / HAZMAT GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN	TRAILERS	10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER		INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN			4 - BREATH 5 - OTHER DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS			

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