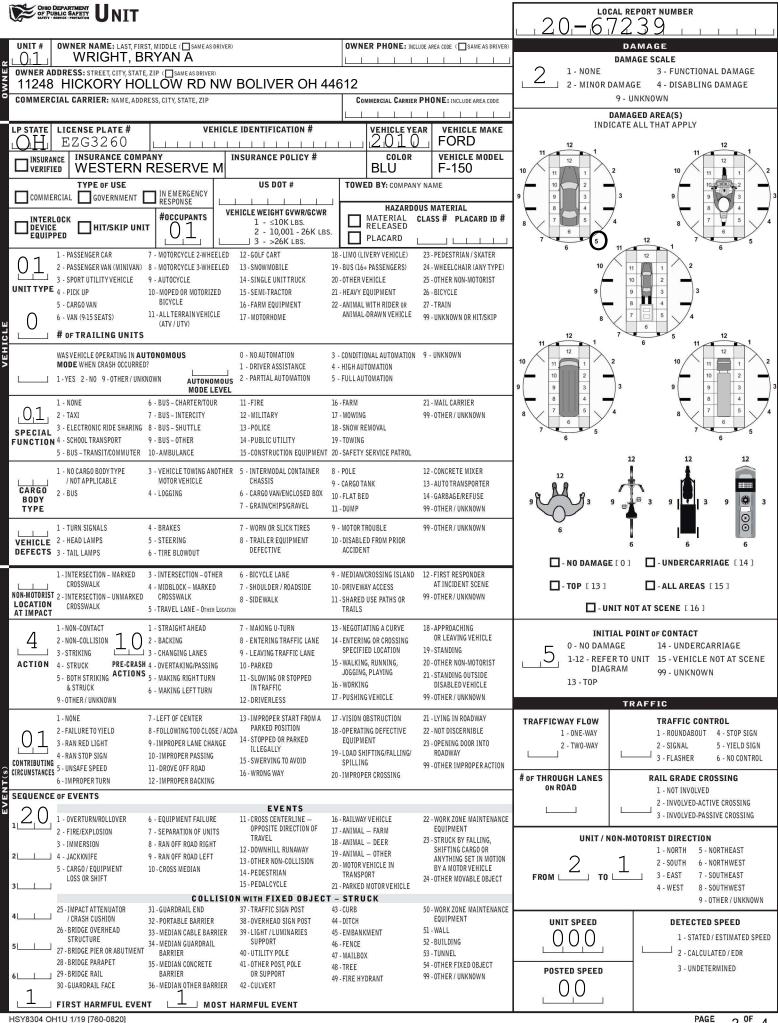
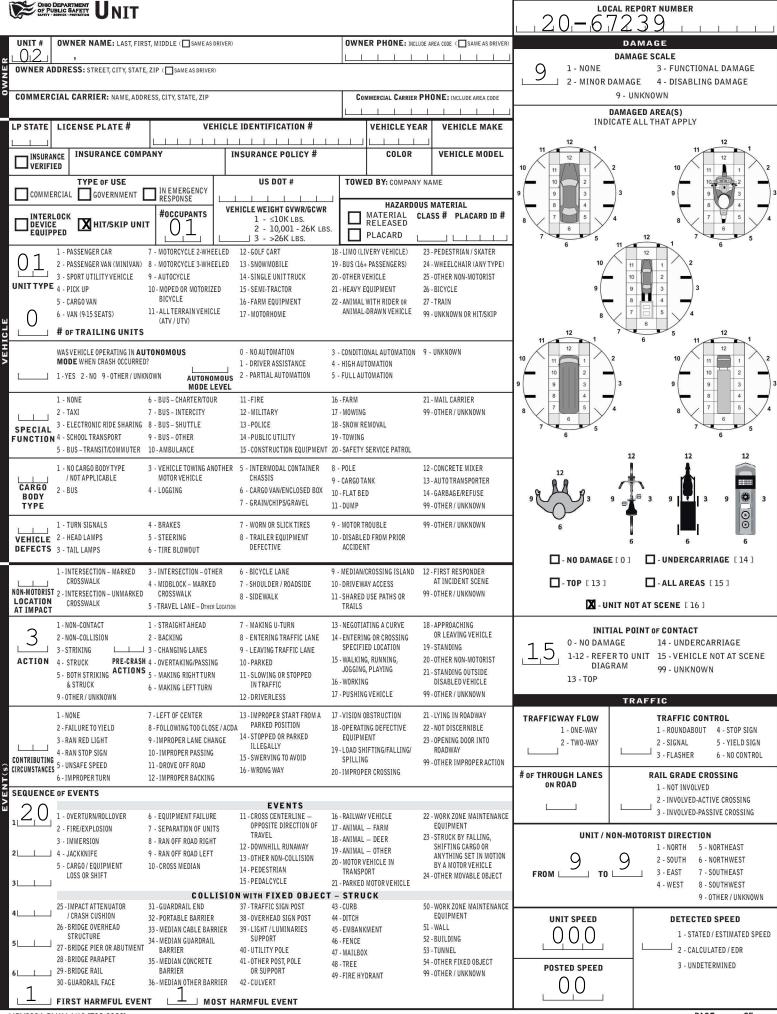
ONIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT											20-67239							
PHOTOS TAKEN																		
SECONDARY CRASH	OH-1P OTHER REPORTING AGENCY NAME* NCIC*										HIT/SKIP 1 - SOLVED		0.2	0	/.	NIMAL		
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*										CRASH DATE / TIME* _ CRASH SEVERITY								
7.6 3 - CITY 2-VILLAGE 3 - TOWNSHIP Jackson (Township of)										11112020 1205 5 1- FATAL 2- SERIOUS INJURY								
											LATITUDE	DECIMAL DE	GREES		SUSPECTE			
	3.	- EAST	EVERHARD RD						ξD						3 - MINOR INJURY SUSPECTED			
ROUTE TYPE ROUTE NU	JMBER PREFIX 1	- NORTH	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD T						TYPE		LONGITUD	DECIMAL D	4 - INJURY POSSIBLE					
	3.	- EAST - WEST	4320							-]•[PROPERTY DNLY	DAMAGE		
REFERENCE POINT	DIRECTION FROM REFERENCE								INTERSECTION RELATED									
3 ^{1-INTERSECTION} 2-MILE POST	2 - SOUT	TH US-F	INTERSTATE ROUTE(TP) AL - ALLEY HW- HIGHWAY RD - ROAD EDERAL US ROUTE AV - AVENUE LA - LANE SQ - SQUARE							WITHIN INTERSECTION OR ON APPROACH								
└───┘ 3 - HOUSE #	3 - EAST 4 - WES	L - BOULEVARD							WITHIN INTERCHANGE AREA NUMBER OF APPROACHES									
DISTANCE FROM REFERENCE	DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY TL - TRAIL										ROADWAY							
1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY 2 - FEET ROUTE HE - HEIGHTS PL - PLACE																		
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT											DIRECTION OF TRAVEL MEDIAN TYPE							
O C 1 - ON ROADWAY 9 - CROSSOVER O 1 - NOT COLLISION 4								R		1-NORTH 1				- DIVIDED FLUSH MEDIAN (<4 FEET)				
3 - IN MEDIAN	11-R	RAILWAY GR	ADE CROSSING		O MOTOR HICLES IN	5 - BACI 6 - ANG	LE			Ľ	2 - SOUTH 3 - EAST	' <u> </u>	2 - DIV	VIDED FLUSH MEDIAN				
4 - ON ROADSIE 5 - ON GORE	Т	HARED USE RAILS	E PATHS OR	Scales Andrews			consocies a se a	AME DIRECT		4 - WEST (≥4 FEET) 3 - DIVIDED, DEPRESS						MEDIAN		
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN										4 - DIVIDED, RAISED MEDI (ANY TYPE)					IAN			
7 - ON RAMP 14 - TOLE BOOTH 8 - OFF RAMP 99 - OTHER / UNKNOWN																		
WORK ZONE RELAT	TED		WORK ZONE TYI	PE				WORK ZO		CONTOUR			CONDITIONS		SURF	ACE		
WORKERS PRESEN	лт		ANE CLOSURE ANE SHIFT/CROS	SOVER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN										L			
LAW ENFORCEMEN	NT PRESENT		/ORK ON SHOULD R MEDIAN	ER		2 - ADVANCE WARNING AREA 3 - TRANSITION AREA					1 - STRAIGHT LEVEL 1 - DRY 2 - STRAIGHT GRADE 2 - WET				1 - CONCRE 2 - BLACKT			
ACTIVE SCHOOL ZO	ONE		NTERMITTENT OF	R MOVING WOR	0.05	4 - ACTIVITY AREA					2 CUDVELEVEL 2 SNOW					INOUS,		
		5-0	INCK			5 - TERMINATION AREA					4 - CURVE GRADE 4 - ICE				ASPHA 3 - BRICK/I			
LIGHT C	CONDITION		1 - CL	WEATH EAR	1ER 6 - SNOW						9 - OTHER/UNKNOWN 5 - SAND, MU OIL, GRAV							
2 - DAWN/DUSK			2 - CL		7 - SEVERE CROSSWINDS					6 - WATER (S MOVING)				STANDING, 5 - DIRT				
4 - DARK – LIGH		8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE					7 - SLUSH				9 - 0THER/	UNKNOWN						
5 - DARK – UNKI 9 - OTHER / UNK	/ UNKNOWN				9 - 0			HER/UNKNO	ΝN									
NARRATIVE						_ 1	1	l l		L.	I I		1	\wedge		the north		
UNIT #1 WAS PAR								_					<	\square	> direction an "N" o	on the		
BURNTWOOD TAV															compass	s diagram.		
UNKNOWN MEAN	S, CAUSING	VIVIBLE I	DAMAGE. U	NKNOWN U	JNIT #2	-		_						_	+			
THENLEFT THE SO REQUIRED BY LAY					N AS	<u> </u>												
NO REPORTED IN	IJURIES / SEE	E OH 3 S	TATEMENT /	UNIT #2 A1	FAULT	-										-		
(HIT SKIP)						-										-		
*ACTUAL CRASH	HAPPENED S	OMEWH	ERE BETWE	EN 1205-13	325	-										-		
HOURS*						-												
JA								_							++			
														_	+			
						<u> </u>		_										
						-		_										
CRASH REPORTED I	CONTRACTOR CONTRACTOR		ISPATCH DATE /		2040.000				-					1000000	PORT TAK			
11112020 1344 11112020 1402 11112020 1420 TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY OFFICER'S NAME*											MOTORIST							
TOTAL TIME ROADWAY CLOSED INVE	DUSTIN						er's name* N, STEVEN				SUPPLEME	ENT						
											CER'S BADG		.R* ~		CORRECTION 0 AN EXISTING REPO	OR ADDITION		
									I									



HSY8304 OH1U 1/19 [760-0820]



Q		PUBLIC BAFFITY MOTORIST / NON-MOTORIST									20-67239						
	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE						
	01	PARKED, UNOCCUPIED															
IST	ADDRESS:	STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
NON-MOTORI																	
N-M	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT 1 1 1							
~	Ĩ	BY							MC HELM		<u>μ_</u>						
	OL STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHARGED LOCAL CODE					OFFENSE DESC	RIPTION	N NUMBER						
IOTORI			1	1-						AL CO.			DRUG TEST(S)				
2	OL CLASS	S ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT			RIVER ISTRACTED Y		DHOL / DRUG SUSPE	E CTED RIJUANA	CONDITION	STATUS TYPE	HOL TEST VALUE			SELECT UP TO 4			
	1									1 11			11 11				
Ē	UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER			
	02	UNKNO	WN, UNKNOWN						ΪĨ			М					
IST	ADDRESS:	STREET, CITY, ST.	ATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
NON-MOTORI	OH												1				
M-N	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME			SAFETY EQUIPMENT			AIR BAG US	AG USAGE EJECTION TRAPPED				
_	1	BY						-				ц <u> </u>		1I			
RIST	OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATIO	ATION NUMBER				
010		ENDORSEMENT	RESTRICTION SELECT		RIVER				CONDITION	ALCOI	HOL TEST	п	RUG TEST(S)			
~	OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		ISTRACTED		DHOL / DRUG SUSPE	RIJUANA	CONDITION	STATUS TYPE				SELECT UP TO 4			
]					0	THER DRUG										
	UNIT #	NAME: LAST, F	FIRST, MIDDLE								AGE	GENDER					
RIST	ADDRESS:	STREET, CITY, ST.	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
OTORI										<u> </u>							
ION-M	INJURIES	INJURED TAKEN		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			AIR BAG US	AGE EJECTION	TRAPPED				
\leq	OL STATE OPERATOR LICENSE NUMBER																
OTORIST	UL STATE	UPERATUR L	OFFENSE CHARGED LOCAL CODE				OFFENSE DESC				NNUMBER						
	OL CLASS	ENDORSEMENT	UPT03 D									RUG TEST(S					
	SELECT UP T		202		ISTRACTED Y		LCOHOL MAR	RIJUANA		STATUS TYPE	E VALUE :	STATUS T	YPE RESULT	F SELECT UP TO 4			
1]	டாட				0	THER DRUG		L1								
1	INJU - FATAL	RIES	SEATING POSITION 1 - FRONT - LEFT SIDE	AIR BAG 1-NOT DEPLOYED			OL CLASS 1-CLASS A		OL RESTRIC		DRIVER DISTRACT 1 - NOT DISTRACTED		TEST STA	TUS			
	2 - SUSPECTED SERIOUS INJURY		(MOTORCYCLE DRIVER)		OYED FRONT		2 - CLASS B		2 - CDL INTRASTAT	E ONLY 2 - MANUALLY OPERATING AN			2 - TEST REFUSED				
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY			2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	OYED SIDE	ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS				NSES	DEVICE (TEXTING, TYP	INC 2-	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
5 - NO APPARENT INJURY			4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	PPLICABLE	PLICABLE (OHIO = D)				A BUS	DIALING) 3 - TALKING ON HANDS-FR	EE .	4 - TEST GIVEN, RESULTS KNOWN					
INJURED TAKEN BY			5 - SECOND - MIDDLE	OYMENT UNKN	DWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS / & CLASS B BUS		COMMUNICATION DEVI 4 - TALKING ON HAND-HEL	UNKNOWN						
	- NOT TRANSP /TREATED AT	ORTED	6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	EJECTION		OL ENDORSEN		7 - EXCEPT TRACTO	R-TRAILER	COMMUNICATION DEVI	CE A	ALCOHOL TEST TYPE					
2	2 - EMS		(MOTORCYCLE SIDE CAR)	JECTED					LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	1-	1 - NONE 2 - BLOOD					
3 - POLICE 9 - OTHER / UNKNOWN		NOWN	8 - THIRD – MIDDLE 2 - PARTIALI 9 - THIRD – RIGHT SIDE 3 - TOTALLY				M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS		5 - PASSENGER 7 - OTHER DISTRACTION		2 - BLOOD 3 - URINE				
			10 - SLEEPER SECTION	PPLICABLE		P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY	IT ONLY INSIDE THE VEHICLE		4 - BREATH					
SAFETY EQUIPMENT 1 - NONE USED			OF TRUCK CAB Q - MOTOR SCOOTER Q - MOTOR SCOOTER FIND OSED CABRO AREA TRAPPED R - THREE-WHEEL MOTORCYCLE						11 - LIMITED TO EMP 12 - LIMITED – OTHE	Lorment	THE VEHICLE						
2 - SHOULDER BELT ONLY USED		ELT ONLY USED	INDUCTOR INCLOSED CARGO AREA REPEATED R						13 - MECHANICAL DI	VICES 9 - OTHER / UNKNOWN			DRUG TEST TYPE 1 - NONE				
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED			PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	5	T - DOUBLE & TRIPLE TRAILERS CONTROLS, C			THER CONDITION			2 - BL00D						
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		RAINT SYSTEM –	CARGO AREA 3 - FREED BY 13 - TRAILING UNIT NON-MECHA			HANICAL MEANS				-	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER				
6	6 - CHILD RESTRAINT SYSTEM -		14 - RIDING ON VEHICLE EXTERIOR		GENDER F - FEMALE					- EMOTIONAL (E.G., DEPRE ANGRY, DISTURBED)	SSED,	DRUG TEST RESULT(S)					
	REAR FACING 7 - BOOSTER SEAT		(NON-TRAILING UNIT) 15 - NON-MOTORIST			M - MALE			AIR BRAKES 16 - OUTSIDE MIRRO	R 4				1 - AMPHETAMINES			
8 - HELMET USED			99 - OTHER / UNKNOWN			U - OTHER / UNKNOWN			17 - PROSTHETIC AIL 18 - OTHER	5 5	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES			
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									10 OTHER	6	- UNDER THE INFLUENCE OF MEDICATIONS / DRUG		3 - BENZODIAZEPINES 4 - CANNABINOIDS				
10 - REFLECTIVE CLOTHING		CLOTHING									/ALCOHOL	5 -	5 - COCAINE				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY							9	- OTHER / UNKNOWN		OPIATES / OPIOID OTHER	15						
99)- OTHER / UNKNOWN											8 -	8 - NEGATIVE RESULTS				
		M 1/10 1760 150										<u>.</u>					

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