OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*								
PHOTOSTAKEN OH-2 X 0H-3	LOCAL INFORMATION		21-01630						
SECONDARY CRASH OH-1P OTHER PRIVATE PROPERTY	TREPORTING AGENCY NAME* NCIC* HIT/SKIP NUMBER OF UNITS UNIT IN ERR OF UNITS 9 98 - AN 1 - SOLVED 2 - UNSOLVED 1 - SOLVED 2 - UNSOLVED 1 - SOLVED 2 - UNSOLVED 1 - SOLVED 1 - SOLVED 2 - UNSOLVED 1 - SOLVED 1								
	Y, VILLAGE, TOWNSHIP*								
3-10WN3HIF	/ O 2-VILLAGE Jackson (Township of)								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	LOCATION ROAD NAME PORTAGE		LATITUDE DECIMAL DEGREES SUSPECTED 3 - MINOR INJURY SUSPECTED						
4-WL31									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	4773	,		 		5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TY	PE		INTERSECTION RELA				
3 1-INTERSECTION 1-NORTH 2-SOUTH US.		ALLEY HW- HIGH ' - AVENUE LA - LANE		WITHIN INTERSECTION OR ON APPROACH					
3- HOUSE # 3- EAST 4-WEST SR-	STATE ROUTE BL	- BOULEVARD MP - MILE	POST ST - STREET TE - TERRACE						
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT	- COURT PK - PARK			ROADWAY				
2 - FEET 3 - YARDS	ROUTE	R - DRIVE PI - PIKE E - HEIGHTS PL - PLAC		ROADWAY DIV	/IDED				
LOCATION OF FIRST HARMFUL EVEN		INER OF CRASH COLLISION COLLISION 4 - REAR-TO		DIRECTION OF TRAVEL MEDIAN TYPE					
0 6 2 - ON SHOULDER 10-DRIVEWAY	G	1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)							
4 - ON ROADSIDE 12 - SHARED U	SE PATHS OR TRA		IPE, SAME DIRECTION	3 - EAST 2 - DIVIDEO FLUSH MEDIAN (≥4 FEET) 4 - WEST 2 - DIVIDEO FLUSH MEDIAN					
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	J-IILA		IPE, OPPOSITE DIRECTION UNKNOWN	3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)					
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER / UN						/UNKNOWN			
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRAS		CONTOUR	CONDITIONS	SURFACE			
WORKERS PRESENT 2 -	LANE CLOSURE LANE SHIFT/CROSSOVER	WARNING	HE 1ST WORK ZONE SIGN WARNING AREA						
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3-TRANSIT	ON AREA	1 - STRAIGHT LEVEL 1 - DRY					
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY 5 - TERMINA		3 - CURVE LEVEL 3 - SNOW BITUMINOUS, ASPHALT					
LIGHT CONDITION	WEATH	ER		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,			
1 - DAYLIGHT 2 - DAWN/DUSK	1 - CLEAR 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWII	IDS		OIL, GRAVEL 6 - WATER (STANDING	STONE			
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 4 - RAIN	IL, DIRT, SNOW FREEZING DRIZZLE	MOVING) 9-OTHER/UNK						
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	The Management of the Albert	99 - OTHER / UNKNOW		9 - OTHER/UNKNOWN					
NARRATIVE			1 1 1 1			Indicate the north			
UNIT #! WAS STOPPED IN THE DRIVE					+	direction with an "N" on the			
PORTAGE ST. NW.) AND STATE HE W. STATES SHE PULLED PAST HIM TO PA						compass diagram.			
VEHICLE. UNIT #2 HAD VARIOUS SCR AND I AM NOT ABLE TO SAY WHAT IS									
INDEPENDENT WITNESSES. CONFLIC MANAGEMENT IS CHECKING FOR CAI									
JA									
-									
						_			
						_			
						-			
						-			
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DAT	F/TIME	SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY			
Personal Control Contr	92021 1418	01092021		01092021	THE PARTY OF THE P	POLICE AGENCY			
TOTAL TIME OTHER TOTAL	L OFFICER'S NAME*		CHECKED BY OFF	CER'S NAME*		MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUT	BISSLEN, BRITT	DGF NUMBER*	Снескер	DN, STEVEN BY OFFICER'S BADGE NUMBER* SUPPLEMENT (CORRECTION OR ADDITION TO ARE MEMBRIC REPORT SENT TO GOPS)					
0 0 3	34 OFFICER'S BAI	3							

OHIO DEL OF PUBLI MAZETT - BERY	OHO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						21-01630							
UNIT #	NAME: LAST, FIRST, MIDDLE TESTON, CRUZ S						DATE OF BIRTH AGE GENDE 27 M							
ADDRESS:	S: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
810 W	810 WERSTLER AVE NW NORTH CANTON OH 44720													
INJURIES	INJURED TAKEN BY				TAKEN TO	D: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED		DOT-COMPLIANT SEATING POSITION OF T		N AIR BAG US	AGE EJECTION	TRAPPED 1		
ADDRESS: 810 W INJURIES OL STATE **X*********************************		OPERATOR LICENSE NUMBER OFFE			FENSE CHARGED LOCAL OFFENSE DES		RIPTION	1	CITATIO	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2				TRACTED		CONDITION		COHOL TEST YPE VALUE		RUG TEST(S	S) LT select up to 4		
4		BY			ALCOHOL MARIJUANA OTHER DRUG									
# TINU	NAME: LAST, F	**************************************						0.61	DATE OF BIRTH 21931		AGE 8 9	GENDER F		
ADDRESS:	STREET, CITY, ST	BE, BARBARA J							CONTACT	PHONE - INCLUDE AREA C	ODE.	<u> </u>		
9756	STRAUSS	SER ST NW CANA	L FUL	TON O	H 44	614					1 1	1 1		
9756 SINJURIES	INJURED TAKEN BY	D EMS AGENCY (NAME) IN						SAFETY EQUIPMENT USED	□ DOT-C		N AIR BAG US	AGE EJECTION	TRAPPED 1	
OL STATE	OPERATOR L	LICENSE NUMBER			OFFENSE CHARGED LOCAL OFF			OFFENSE DESC	RIPTION		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 MAI THER DRUG	RIJUANA							
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT	PHONE - INCLUDE AREA C	ODE			
OTORI											1 1	1 1	1 1	
ADDRESS:	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	□ ВОТ-С		N AIR BAG US	AGE EJECTION	N TRAPPED	
OL STATE	OPERATOR L	ATOR LICENSE NUMBER OFFENSE			SE CHAI	ARGED LOCAL OFFENSE DES		RIPTION		CITATIO	CITATION NUMBER			
OL STATE OL OL STATE OL OL CLASS	ENDORSEMENT	RESTRICTION SELECT UPTO3 DRIV		IVER			CONDITION	AL	COHOL TEST	DRUG TEST(S)				
OL OLASS	SELECT UP TO 2				RACTED ALCOHOL MAI		RIJUANA	CONDITION	STATUS TYPE VALUE		STATUS T	YPE RESUL	LT SELECT UP TO 4	
INII	JRIES	SEATING POSITION		AIR BAG	0.	THER DRUG OL CLAS	s	OL RESTRIC	TION(S)	DRIVER DISTRACT	TION	TEST ST	ATUS	
1 - FATAL	KIES	1 - FRONT - LEFT SIDE	1 - NOT DE			1 - CLASS A	,	1 - ALCOHOL INTER		1 - NOT DISTRACTED		- NONE GIVEN	ATUS	
	ED SERIOUS INJURY (MOTORCYCLE DRIVER) 2 - DEPLOYE		ED FRONT			2 - CDL INTRASTAT	E ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION		2 - TEST REFUSED				
3 - SUSPECTED 4 - POSSIBLE IN	CTED MINOR INJURY 2 - FRONT - MIDDLE 3 - DEPLOY 3 - FRONT - RIGHT SIDE 4 - DEPLOY					3 - CORRECTIVE LENSES 4 - FARM WAIVER		DEVICE (TEXTING, TYP						
5 - NO APPAREN		4 - SECOND - LEFT SIDE	5 - NOT AP	(0110 D)				4 - FARM WAIVER DIALING) 5 - EXCEPT CLASS A BUS 3 - TALKING ON H		4 - TEST GIVEN RESULTS KNOWN				
	(MOTORCYCLE PASSENGER) 9 - DEPLOYMENT				ENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLAS				COMMUNICATION DEVI	CE 5 - TEST GIVEN, RESULTS				
	5 - SECOND - MIDDLE 6 - NO VALID OL 6 - SECOND - RIGHT SIDE			6 - NO VALID OL		& CLASS B BUS 4 - TALKING ON HAI 7 - EXCEPT TRACTOR-TRAILER COMMUNICATIO								
1 - NOT TRANSP /TREATED A	URIED				OL ENDORSEMENT 8-INTERMEDIATE				5 - OTHER ACTIVITY WITH	ALCOHOL TEST TYPE				
2 - EMS		(MOTORCYCLE SIDE CAR) 1 - NOT EJECTED			H - HAZMAT RESTRICTIONS				ELECTRONIC DEVICE		1 - NONE 2 - BLOOD			
3 - POLICE	8 - THIRD - MIDDLE 2 - PARTIALLY EJECTED NOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY EJECTED			M - MOTORCYCLE 9 - LEARNER'S PEI P - PASSENGER RESTRICTIONS				3 - URINE						
9-UITER/UNN	10 - SLEEPER SECTION 4 - NOT APPI					10 - LIMITED TO DAYLIGHT ONLY		INSIDE THE VEHICLE		4 - BREATH				
	SAFETY EQUIPMENT OFTRUCK CAB			Q - MOTOR SCOOTER 11 - LIMITED TO EM		THE VEHICLE		OUTSIDE 5	JTSIDE 5-OTHER					
1 - NONE USED	ENCLOSED CARGO AREA				R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTHE				9 - OTHER / UNKNOWN		DRUG TEST TYPE			
	- SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAPF - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATE			2 - 20HOOF DO2		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND		CONDITION		1 - NONE				
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHAI		IICAL MEANS X - TANKER / HA7MAT		101171020/01/01121		1 - APPARENTLY NORMAL							
	5 - CHILD RESTRAINT SYSTEM – CARGO AREA 3 - FREED NON-M 13 - TRAILING UNIT NON-M		CHANICAL MEANS		14 - MILITARY VEHICLES ONLY		2 - PHYSICAL IMPAIRMENT		4 - OTHER					
	- CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR			GENDER F-FEMALE		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED,						
REAR FACIN	REAR FACING (NON-TRAILING UNIT)			F - FEMALE M - MALE		16 - OUTSIDE MIRROR		ANGRY, DISTURBED) 4 - ILLNESS		DRUG TEST RESULT(S) 1 - AMPHETAMINES				
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID		5 - FELL ASLEEP, FAINTED,		2 - BARBITURATES			
	9 - PROTECTIVE PADS USED						18 - OTHER		FATIGUED, ETC. 6 - UNDER THE INFLUENCE		3 - BENZODIAZEPINES			
(ELBOW, KN	(ELBOW, KNEES, ETC.)							OF ME		OF MEDICATIONS / DRU				
10 - REFLECTIVE										/ALCOHOL 9- OTHER / UNKNOWN		- COCAINE - OPIATES / OPIOI	IDS	
/ BICYCLE OF	11 - LIGHTING – PEDESTRIAN / BICYCLE ONLY								, vinally vinity in		7 - OTHER			
99 - OTHER / UNK	CNOWN										8	NEGATIVE RESU	ULTS	

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