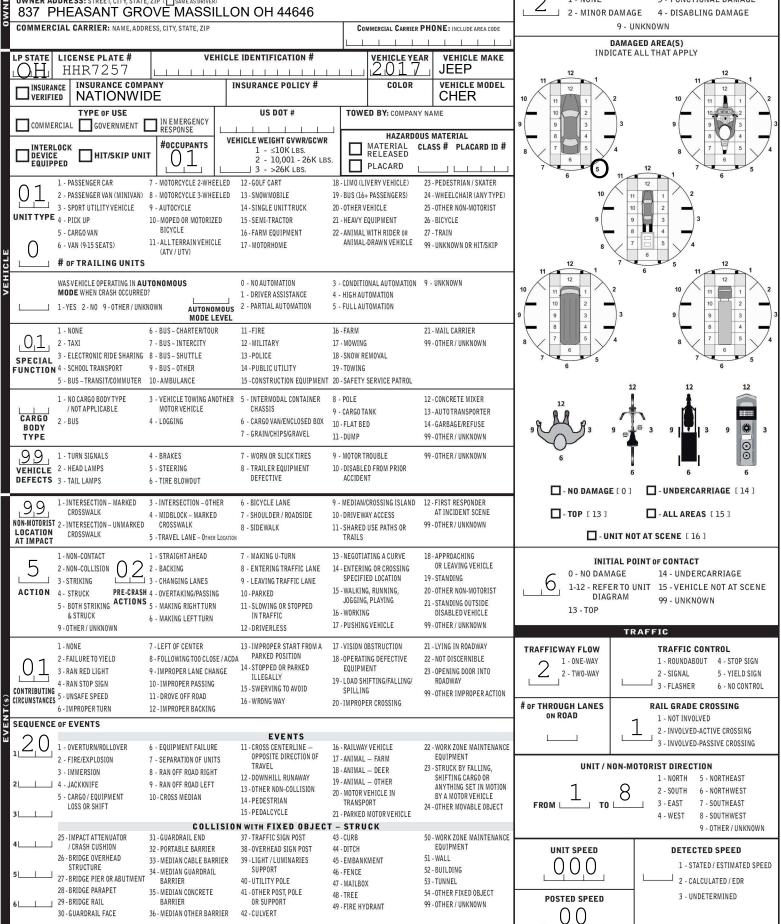
OHIO DEPARTMENT TRAFFIC CRASH		ANDATORY FIELD FOR SUPPL	21-22673						
PHOTOSTAKEN OH-2 OH-3	LOCAL INFORMATION								
SECONDARY CRASH OH-1P OTHER OH-1P OTHER	REPORTING AGENCY NAME* JACKSON TWP POL	LICE DEPARTME L	0,7,6,2,4,	HIT/SKIP 1 - SOLVED L 2 - UNSOLVED	NUMBER OF UNITS	98 - ANIMAL 99 - UNKNOWN			
17 C 1 - CITY	Y, VILLAGE, TOWNSHIP*			crash date/time* crash severity 05142021 1921 5 1-FATAL					
3 10111101111	(Township of)		2 - SERIOUS INJURY						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	STRIP		ROAD TYPE	LATITUDE DECIMAL DEGREES SUSPECTED 3 - MINOR INJURY SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	REFERENCE ROAD NAME (ROAD, I	ROAD TYPE	LONGITUDE DECIMAL DEGREES 4 - INJURY POSSIE						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	6527			 - -	1 1 1	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION RELA				
3 1-INTERSECTION 1-NORTH IR		- ALLEY HW- HIGHWAY - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
3 - HOUSE # 3 - EAST	- STATE ROUTE BL	- BOULEVARD MP - MILEPOST	ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT	- CIRCLE OV - OVAL - COURT PK - PARKWAY	TE - TERRACE TL - TRAIL	ROADWAY					
1 - MILES TR - 2 - FEET	ROUTE	- DRIVE PI - PIKE - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVEN		NER OF CRASH COLLISION/IP COLLISION 4 - REAR-TO-RE		DIRECTION OF TRAVEL MEDIAN TYPE					
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10-DRIVEWAY.	AR	1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)							
3 - IN MEDIAN 11 - RAILWAY G 4 - ON ROADSIDE 12 - SHARED US	RADE CROSSING L VEHI) MOTOR ICLES IN 6-ANGLE NSPORT 7-SIDESWIPE,	SAME DIRECTION	3 - EAST 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)					
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR 3 - HEAD	R-END 8 - SIDESWIPE,	OPPOSITE DIRECTION	4 - WEST 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOOT	Н	D-ON 7-OTHER/ONK	INOWN	(ANY TYPE) 9 - OTHER/UNKNOWN					
8 - OFF RAMP 99-OTHER / UN				CONTOUR	CONDITIONS	SURFACE			
	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN 1 - BEFORE THE I	LST WORK ZONE	CONTOOR	9	9			
3.	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIG 2 - ADVANCE WAR		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE					
LAW ENFORCEMENT PRESENT	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION A 4 - ACTIVITY ARE		2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP,					
	OTHER	5 - TERMINATION		3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT			
LIGHT CONDITION	WEATHE	ER		4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAG, GRAVEL,					
9 1 - DAYLIGHT 2 - DAWN/DUSK	O O 1-CLEAR	6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING	STONE			
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, D	8		5 - DIRT 9 - OTHER/UNKNOWN				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FRE 99 - OTHER / UNKNOWN	EEZING DRIZZLE						
9 - OTHER / UNKNOWN									
NARRATIVE		- ' ' ' <u> </u>			III A	Indicate the north direction with			
UNIT #1 WAS PARKED FACING SOUTH THE FRONT OF THE MICHAELS (6527)						an "N" on the compass diagram.			
PARKED FACING NORTH IN A MARKEI MICHAELS. UNIT #1 AND UNIT #2 WER									
SAME PRIVATE PROPERTY TRAVEL L BACKING OUT OF THEIR RESPECTIVE	ANE. UNIT #1 AND UNIT #2	2 BEGAN							
THE WEST. WHILE BOTH UNITS WERE	E IN THE ACT OF BACKING								
THEY COLLIDED WITH EACHOTHER IN		_							
*NO INJURIES REPORTED **SEE OH3	STATEMENTS***380 BODY	Y CAM							
AW									
		-							
		-							
Perchaption Page 1 Control Con	DISPATCH DATE/TIME	ARRIVAL DATE / T		SCENE CLEARED	20.000.0 16.0 17.000.000.00	REPORT TAKEN BY			
	42021 1924	05142021 1		05,1,42021	1953	MOTORIST			
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT		OUSTIN	CHECKED BY OFFI		SUPPLEMENT				
		DGE NUMBER*		BY OFFICER'S BADGE NUMBER* (CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO OODS)					
	<u>, , , , , , , , , , , , , , , , , , , </u>	2,4,							

J FIRST HARMFUL EVENT

■■■■ MOST HARMFUL EVENT



J FIRST HARMFUL EVENT

MOST HARMFUL EVENT

PAGE

	OHIO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						21-22673								
U	NIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER 10111992 28 M							
S AD	DRESS:	MINSEUNG, KIM STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
≂		PORTAGE RD Suite:117 WOOSTER OH 44691								CONTROL PHONE - INCLUDE AREA CODE					
N IN	IURIES	INJURED EMS AGENCY (NAME) INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT						SAFETY EQUIPMENT	DOT-C	SEATING POSITION	AIR BAG US	AGE EJECTIO	N TRAPPED		
NON/	5_	TAKEN BY	<u>'</u>						MC HE		<u> 1</u>	_ 1	$\perp 1$		
A PO	STATE	OPERATOR LICENSE NUMBER			OFFEN	OFFENSE CHARGED LOCAL OFFEN			OFFENSE DESC	RIPTION		CITATION NUMBER			
010	Į J	******							A1.	COURT TEST	DRUG TEST(S)				
9.2	CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED		OHOL / DRUG SUSPI LCOHOL MAI		CONDITION		YPE VALUE :			LT SELECT UP TO 4	
	4					OTHER DRUG					┸┈╸	_	<u> </u>		
Ų	NIT #	NAME: LAST, F							•	0.01	DATE OF BIRTH		AGE	GENDER	
			IX, SCOTT L							091	71971		49	<u> </u> M_	
NE ST		STREET, CITY, ST.	^{ATE, ZIP} T GROVE AV Suite	ا /۱۱۸۸	ΜΔΩΙΙΙ	ON	OH 44646			CONTACT	PHONE - INCLUDE AREA CO	DDE			
MOTIN			EMS AGENCY (NAME)	5.INVV I			: MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	A TO DAC HE	ACE FIECTIO	N TRAPPED	
MOTORIST/NON-MOTORIS	5	TAKEN BY	EMS AGENOT (NAME)		INJUKED	TAKENTO	. MEDICAL FACILITY	(NAME, CITT)	USED 99	DOT-CO	DMPLIANT 1	1 1	1	1 1	
S OF	STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	CITATION NUMBER		
LOR	· *	******	•				CODE								
≥ OL	CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED	_	OHOL / DRUG SUSPI		CONDITION		YPE VALUE :		RUG TEST(S) LT SELECT UPTO 4	
Ι,	4			BY	1 ,		LCOHOL MAI	RIJUANA	1 .			1	T "		
U	NIT#	NAME: LAST, F	FIRST, MIDDLE			Ц°	THER DROG				DATE OF BIRTH	_	AGE	GENDER	
	30 1										1 1 1 1	E E	tle i i	ılı 1	
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHOI								PHONE - INCLUDE AREA CO	ODE						
/ NON-MOTORIS											<u> </u>	<u> </u>			
ON-M IN	IURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-CO		AIR BAG US	SAGE EJECTIO	N TRAPPED	
	STATE	ODEEDATOR I	ICENSE NUMBER		OFFEN	SE CHAI	ARGED LOCAL OFFENSE D		OFFENSE DESC	CRIPTION		CITATIO	N NUMBER	ـــــال	
MOTORIST	JIAIL	OI ERATOR E	TOLNOL NOWBER	SE NUMBER UFFENSE CHAI			NGLD	CODE		MII IION		OTTATION NOMBER			
o DL	CLASS	ENDORSEMENT	RESTRICTION SELECT	TRICTION SELECT UP TO 3 DRIVER		ALC	COHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT			
		SELECT UP TO 2 DIS		TRACTED ALCOHOL MARIJUANA		RIJUANA		STATUS	VALUE	314103	TI'L KESO	LI SELECI UP 104			
	ULNI	RIES	SEATING POSITION		AIR BAG	0	THER DRUG OL CLAS	s	OL RESTRIC	TION(S)	DRIVER DISTRACT	TON	TEST ST	ATUS	
1 - FA	280.00	NILO	1 - FRONT - LEFT SIDE	1 - NOT DE						1 - NOT DISTRACTED		1 - NONE GIVEN			
		SERIOUS INJURY MINOR INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLO' 3 - DEPLO'				2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION		2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED			
	4 - POSSIBLE INJURY 3 - FRONT - RIGHT SIDE 4			DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER	NOLO	DIALING) SAME		SAMPLE / UNU	SABLE			
5 - NO	(MOTORCYCLE PASSENGER)		5 - NOT AP	E M/C MODED ONLY			5 - EXCEPT CLASS		3 - TALKING ON HANDS-FR COMMUNICATION DEVI	E TEST STIEL BESTIES					
	INJURED TAKEN BY 5- SECOND - MIDDLE			I WENT ONKN	6 - NO VALID OL & CLASS B BUS				4 - TALKING ON HAND-HEL	DUNKNOWN					
1000	/TREATED AT SCENE 7-THIRD - LEFT SIDE		7 - EXCEPT TRACT OL ENDORSEMENT 8 - INTERMEDIAT				COMMUNICATION DEVI	ALCOHOL TEST TYPE							
	2 - EMS (MOTORCYCLE SIDE CAR) 1 - NOT EJ		CTED H - HAZMAT			RESTRICTIONS 9 - LEARNER'S PERMIT		ELECTRONIC DEVICE 1 - NONE 6 - PASSENGER 2 - BLOOD							
	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTAL		3-TOTALL		EJECTED P - PASSENGER			RESTRICTIONS 7 -		7 - OTHER DISTRACTION 3 - URINE					
SA	10 - SLEEPER SECTION 4 - NOT AP SAFETY EQUIPMENT 0FTRUCK CAB 4- NOT AP		LICADLE N-IANKEK			11 - LIMITED TO EMPLOYMENT 8 - OTHER DISTRACTION		INSIDE THE VEHICLE 8 - OTHER DISTRACTION O	4 - BREATH DUTSIDE 5 - OTHER						
1 - NO	1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA			RAPPED R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH				THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TEST TYPE					
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTR 3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRIC		2 - 2CHOOL DO2			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND				1 - NONE					
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENG		12 - PASSENGER IN UNENCLOSED CARGO AREA	D MECHANICAL MEANS 3 - FREED BY			T - DOUBLE & TRIPLE TRAILERS CONTROLS, OF X - TANKER / HAZMAT ADAPTIVE DE		ADAPTIVE DEVI			2 - BLOOD 3 - URINE			
	FORWARD FACING 13 - TRAILING UNIT NON			ECHANICAL MEANS			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER				
	- CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F - FEMALE			AIR BRAKES		ANGRY, DISTURBED)		DRUG TEST RESULT(S)				
	7 - BOOSTER SEAT 15 - NON-MOTORIST			M - MALE U - OTHER / UNKNOWN				17 - PROSTHETIC AID 5 - FELL		4- ILLNESS 5- FELL ASLEEP, FAINTED,	1 - AMPHETAMINES INTED, 2 - BARBITURATES				
	8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED			V VIII VIII VIII VIII			18 - OTHER		FATIGUED, ETC. 6 - UNDER THE INFLUENCE		3 - BENZODIAZEPINES				
(E	(ELBOW, KNEES, ETC.)						OF MEDICATIONS		OF MEDICATIONS / DRUG						
11 - LI	10 - REFLECTIVE CLOTHING 11 - LIGHTING – PEDESTRIAN										9 - OTHER / UNKNOWN	6	- OPIATES / OPIO	IDS	
/ BICYCLE ONLY 99 - OTHER / UNKNOWN												- OTHER - NEGATIVE RES	ULTS		

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