OHIO DEPARTMENT TRAFFIC CRASH	21-23281C								
PHOTOS TAKEN OH-2 OH-3		<u> </u>	32814	1 1 1 1 1					
SECONDARY CRASH  OH-1P  OH-1P  OTHER  PRIVATE PROPERTY	REPORTING AGENCY NAME*  JACKSON TWP POL	LICE DEPARTME [0]	NCIC* 7,6,2,4,	HIT/SKIP NUMBER OF UNITS  1 - SOLVED  2 - UNSOLVED  1 - SOLVED  1					
county* Locality* Location:city 76 3 2-VILLAGE Jackson		crash date / time *         crash severity           05182021         1609         5         1- FATAL							
Z-VILLAGE 3-TOWNSHIP Jackson ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH	2 - SERIOUS INJURY LATITUDE DECIMAL DEGREES SUSPECTED								
2 - SOUTH 3 - EAST L 4 - WEST	40854282 3-MINOR INJURY SUSPECTED								
	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 4-INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	4816			-81, 435	5989	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE		_ '	INTERSECTION RELATE	ED			
3 2-MILE POST 2-SOUTH US	7000		RD - ROAD SQ - SQUARE	WITHIN INTER	RSECTION OR ON APPRO	ACH			
3 - HOUSE # 3 - EAST 4 - WEST SR	- STATE ROUTE		T - STREET TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE I		L - TRAIL		ROADWAY				
1 - MILES   TR   2 - FEET     3 - YARDS	IDED								
LOCATION OF FIRST HARMFUL EVEN		NER OF CRASH COLLISION/IMPA	СТ	DIRECTION OF TRAVE	MEDIA	AN TYPE			
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY	VALLEY ACCESS 6 BETV	COLLISION 4-REAR-TO-REAR WEEN 5-BACKING MOTOR		1 - NORTH , 2 - SOUTH	1 - DIVIDED ( <4 FEE	FLUSH MEDIAN T )			
3 - IN MEDIAN 11 - RAILWAY G 4 - ON ROADSIDE 12 - SHARED U	GRADE CROSSING L VEHI	ICLES IN 6 - ANGLE NSPORT 7 - SIDESWIPE, SAMI	F DIRECTION	3 - EAST	2 - DIVIDED (≥4 FEE	FLUSH MEDIAN T )			
5 - ON GORE TRAILS	2 - REAF	R-END 8 - SIDESWIPE, OPPO	SITE DIRECTION	4 - WEST		DEPRESSED MEDIAN RAISED MEDIAN			
7 - ON RAMP 14-TOLL BOOT	Н	D-ON 9-OTHER/UNKNOV	VN		(ANY TY	PE)			
8-OFF RAMP 99-OTHER/UI	IKNOWN	T	9		9 - OTHER/U	1			
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN WO 1 - BEFORE THE 1ST \		CONTOUR 1	conditions 1	SURFACE			
WORKERS PRESENT 2-	LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNIN	IG ARFA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA	500000000000000000000000000000000000000		2-WET	2 - BLACKTOP,			
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION AR	EA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT			
LIGHT CONDITION	WEATHE	 ER		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK			
1 1-DAYLIGHT	1 - CLEAR	6 - SNOW		) - OTHEROUNINGWIN	OIL, GRAVEL	4 - SLAG, GRAVEL, STONE			
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMOKE	7 - SEVERE CROSSWINDS  8 - BLOWING SAND, SOIL, DIRT,	, SNOW		6 - WATER (STANDING, MOVING)	5 - DIRT			
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/UNKNOWN			
9 - OTHER / UNKNOWN	J GEELI, MALE	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9 - OTHER/UNKNOWN				
NARRATIVE		- 1 1 1			1 1	Indicate the north			
UNIT #1 WAS PARKED UNOCCUPIED SOUTHEAST NEAR 4816 EVERHARD F		_			$\mathcal{A}$	an "N" on the compass diagram.			
NORTH THROUGH THE PARKING LOT	NEAR 4816 EVERHARD R	RD NW.				- (n)   -			
UNIT #2 FAILED TO CONTROL HIS VEH	HICLE AND STRUCK UNIT	#1.							
SEE STATEMENT/PHOTOS/RELATED	CRIMINAL REPORT		_ '						
			_	Unit		-   -			
			_ ,	3					
		FI				-     -			
						_     -			
		*	*	**	**	<u> </u>			
			No	ot To Scale	4816 EVERHARD				
ODASH DEDOCTED DATE (TVI	DICPATCH DATE (TIME	APPRIVAL DATE (TTO-	<del></del>		RD NW	DEDODT TAKEN SY			
crash reported date / Time	82021 1613	ARRIVAL DATE / TIME 05182021   16		scene cleared t 0,5,1,82,02,1	1901	REPORT TAKEN BY POLICE AGENCY			
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT		C+	ECKED BY OFFI	CER'S NAME*	<del></del>   <u>-</u>	MOTORIST SUPPLEMENT			
0 30 19	WCGRATT, JAC			N, STEVEN  SY OFFICER'S BADGE N	IUMBER* _ L	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
		<u>.                                    </u>		<u> </u>	2,2,				

25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 38 - OVERHEAD SIGN POST EQUIPMENT 32 - PORTABLE BARRIER 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 52 - BUILDING 34 - MEDIAN GUARDRAIL 46 - FENCE 27 - BRIDGE PIER OR ABUTMENT 40 - UTILITY POLE 2 - CALCULATED / EDR BARRIER 53 - TUNNEL 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 48 - TRFF 3 - UNDETERMINED POSTED SPEED 29 - BRIDGE RAIL BARRIER OR SUPPORT 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT **J FIRST HARMFUL EVENT** HSY8304 OH1U 1/19 [760-0820] PAGE 2 OF

30 - GUARDRAIL FACE

**J FIRST HARMFUL EVENT** 

36 - MEDIAN OTHER BARRIER

42 - CULVERT

C	OHIO DEP OF PUBLI SAFETY - SERVIN	HIO DEPARTMENT PUBLIC SAFETY  MOTORIST / NON-MOTORIST  NON-MOTORIST							21-23281C							
	UNIT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH				AGE	GENDER N	
L L	O'T	PARKED, UNOCCUPIED													I	
/ NON-MOTORIST	ADDRESS:	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
M I	NJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SE	ATING POSITION	AIR BAG USA	AGE EJECTION	TRAPPED	
NON	ï	TAKEN BY							USED	□ MC HE		1 1	i	111		
	L STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATION	NUMBER		
MOTORIST	L J															
≥ 0	L CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DI	IVER STRACTED		OHOL / DRUG SUSPI		CONDITION		YPE Y			RUG TEST(S (PE   RESUL	T SELECT UP TO 4	
١,	4	1 11 1		BY	1	OTHER DRUG				L Dr	lat				F F 1	
	UNIT #	NAME: LAST,	FIRST, MIDDLE									F BIRTH		AGE	GENDER	
1	$\cup$	WISE, C	CHARLES WILLIAN	1						06021976				44	M	
RIST		STREET, CITY, ST	5.555 Fee. 555	21. 21						CONTACT	PHONE - II	NCLUDE AREA CO	DE			
9 /			LD AVE NE CANTO					100000000000000000000000000000000000000	Ta.===v===v==				<u> </u>	1 1	<u> </u>	
MOTORIST/NON-MOTORIST	NJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED O	T DOT-COMPLIANT SEATING POSITION			AIR BAG USA	AGE   EJECTION	TRAPPED	
	L STATE	OPERATOR L	ICENSE NUMBER		OFFEN	ENSE CHARGED LOCAL OFFENSE			OFFENSE DESC				CITATION NUMBER			
TORIS	* *	******	ŧ		451	1.202		CODE	Failure To	Control			1179956			
Ø 0	L CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED	_	OHOL / DRUG SUSPI		CONDITION		OHOL TE			RUG TEST(S	T SELECT UP TO 4	
	6			ВУ			LCOHOL MAI	RIJUANA	6	1   1	1		1   1	1		
-	UNIT #	NAME: LAST, F	FIRST, MIDDLE				THER DRUG				DATE (	F BIRTH		AGE	GENDER	
١,		•									1 1	1 T F	f 1	F I F	11 1	
IST	ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT	PHONE - I	NCLUDE AREA CO	DE		1	
OTOR											1 1	1				
/ NON-MOTORIS	NJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	□ DOT-Co	MPLIANT	ATING POSITION	AIR BAG USA	AGE EJECTION	TRAPPED	
N L	L STATE	ODEED TOP I	ICENSE NUMBER		OFFEN	ENSE CHARGED LOCAL OFFENSE DE			OFFENSE DESC	CRIPTION			CITATION NUMBER			
MOTORIST	LJIAIL	OI ERATOR E	TOURSE NOMBER		OITEN	SE OTIAL	NGLD	CODE								
Ø <u>□</u>	L CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED				CONDITION	CONDITION ALCOHOL TEST STATUS TYPE VALUE			DRUG STATUS TYPE		T SELECT UP TO 4	
		322201 01 102		ВУ		=		RIJUANA					TAI OO	300000000000000000000000000000000000000		
L	INJU	RIES	SEATING POSITION		AIR BAG		THER DRUG OL CLASS	s	OL RESTRIC	TION(S)		DISTRACT	ION	TEST ST	ATUS	
	FATAL		1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DI			NONE GIVEN		
1000	2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE	3 - DEPLO	YED FRONT YED SIDE		2 - CLASS B 3 - CLASS C				ELECTRONIC COMMUNI			ICATION 3 - TEST GIVEN, CONTAMINATED		
	POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE			4 - REGULAR CLASS 4 - FARM WAIVER (0HIO = D) 5 - FYCERE CLASS			DIALING)			4 TEST CIVEN RESULTS KNOWN			
(MOTORCYCLE PASSENGER) 9-DI				DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEI				5 - EXCEPT CLASS	CLASS A COMMUNICATION DEV			KEE . TEST STIEN BESINES				
-	NJURED NOT TRANSP	TAKEN BY ORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO			G ON HAND-HELI NICATION DEVIC	) F	LCOHOL TE	CT TVDE	
2	/TREATED AT EMS	SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJ	JECTION ECTED		OL ENDORSE	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		ACTIVITY WITH A	ZN	NONE	SITIFE	
	3 - POLICE 8 - THIRD - MIDDLE 2 - PAR			TIALLY EJECTED M - MOTORCYCLE			9 - LEARNER'S PERMIT		6 - PASSENGER		2 - BLOOD 3 - URINE					
9 -	10 CLEEDED SECTION			LY EJECTED P - PASSENGER PPLICABLE N - TANKER			RESTRICTIONS  10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREATH					
	SAFETY EQUIPMENT  OF TRUCK CAB			Q - MOTOR SCOOTER 11 - LIMITED TO E			THE VEHICLE			JTSIDE 5-OTHER						
	1 - NONE USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOT		1 - NOTTR	TRAPPED R - THREE-WHEEL MOTORCYCLE  RAPPED S - SCHOOL BUS			12 - LIMITED – OTHER 13 - MECHANICAL DEVICES		9 - OTHER / UNKNOWN		DRUG TEST TYPE 1-NONE					
	J 2.11 522. 5112. 5525		PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRICATED BY MECHANICAL MEANS			T - DOUBLE & TRIPLE TRAILERS CONTRO		CONTROLS, OR O	(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		2 - BL00D		
5 -	5 - CHILD RESTRAINT SYSTEM - CARG		CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		ADAPTIVE DEVI	1 MITARENTEI NORMAE		3 - URINE T 4 - OTHER					
6-	CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR			GENDER F-FEMALE			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED ANGRY, DISTURBED)							
	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST		M -			M - MALE	16 - OUTSIDE MIRR		OR 4- ILLNESS		1 - AMPHETAMINES					
8 -	HELMET USE	ED	99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AII 18 - OTHER	U	5 - FELL AS FATIGUI	LEEP, FAINTED, ED, ETC.		BARBITURATES BENZODIAZEPIN	IES	
	PROTECTIVE (ELBOW, KNE										OF MED	THE INFLUENCE ICATIONS / DRUG	s 4-	CANNABINOIDS		
	REFLECTIVE LIGHTING – F										/ALCOH 9-OTHER/			COCAINE OPIATES / OPIOI	DS	
	/ BICYCLE ON	ILY											7 -	OTHER .		
99 - OTHER / UNKNOWN											8 -	NEGATIVE RESU	LI S			

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OCCUPANT / WITNESS ADDENDUM							21-23281C					
UNIT # NAME: LAST, FIRST, MIDDLE							DAT		AGE	GENDER		
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
					16 Tr			1 1				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT USED			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
لـــــا								1 1 1			L	
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT				SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	TAKEN BY				,	USED	DOT-COMPLIANT MC HELMET					
UNIT#	NAME: LAS	T, FIRST, MIDDLE				9	DAT		AGE	GENDER		
								1 1 1		1 [ ]		
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE	INCLUDE AREA CO	DE			
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	TAKEN BY					USED	MC HELMET				T 1	
UNIT #	NAME: LAS	T, FIRST, MIDDLE		ı		20 20	DAT	E OF BIRTH		AGE	GENDER	
								1 1 1				
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS INJURIES	INJURED	FMC A (NAME)		THE HOPE TAKEN TO Manage France	(	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	FIFETION	TDADDED	
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	IY (NAME, CITY)	USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAU USAUE	EJECTION	TRAPPED	
	INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE		
1 - FAT	AL		1 - NONE US			IT – LEFT SIDE	ED)	1 - NOT DE	PLOYED			
2 - SUSPECTED SERIOUS INJURY			OCCUPANT (MOTORCYCLE DRIV RR BELT ONLY USED 2 - FRONT – MIDDLE			2 - DEPLOYED F						
3 - SUSPECTED MINOR INJURY			T ONLY USED 3 - FRONT - RIGHT SIDE				YED SIDE					
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 4 - SHOULD			4 - SECOND – LEFT SID (MOTORCYCLE PASS			_	4 - DEPLOYED BOTH FRONT/SIDE					
5 - CHILD R			ESTRAINT SYSTEM – D FACING	DE	PPLICABLE							
			ESTRAINT SYSTEM –	) <u> </u>	YMENT UNK	IENT UNKNOWN						
/TREATED AT SCENE REAR FA					ORCYCLE SIDE D – MIDDLE	CAR)	EJECTION					
2 - EMS 7 - B00STEF 3 - P0LICE 8 - HELMET					D – RIGHT SIDE		ECTED	TED LY EJECTED				
J 102102			TIVE PADS USED		PER SECTION (				EJECTED			
, , , , , , , , , , , , , , , , , , , ,			KNEES, ETC.)	CARG	ENGER IN OTHI O AREA (NON-TE	RAILING UNIT,	PLICABLE					
F - FEMALE			TIVE CLOTHING		PICK-UP WITH CAF SENGER IN UNE		TRAPPE	<b>TRAPPED</b>				
M - MALE / BICYCL			G – PEDESTRIAN E ONLY		1 - NOTTR	APPED	D					
U - OTHER / UNKNOWN 99 - OTHER /			UNKNOWN 13 - TRAILING UNIT 14 - RIDING ON VEHICLE			EXTERIOR	ECHANIC	CAL				
						TRAILING UNIT)		MEANS 3 - FREED	, BY NON-ME	CHANIC	AL.	
						ER / UNKNOWN		MEANS			_	
	ST, FIRST, MIDD						03091	e of Birth		AGE 32	GENDER F	
	SKY, AIV	MANDA M					CONTACT PHONE			<u>74</u>	L.	
	200	NDON AVE NW	CANTON C	)H 44708			L L L	I I	J	1		
NAME: LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, ZIP						DATE OF BIRTH AGE GENDER						
ADDDESS	'- CTDEET	CTATE ZID					CONTACT DUCUS	1 I I				
ADDKESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE I I		, ,	
	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER	
ADDRESS												
ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
l .								ÎÎ		Ĭ.	تــــــــــــــــــــــــــــــــــــــ	

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