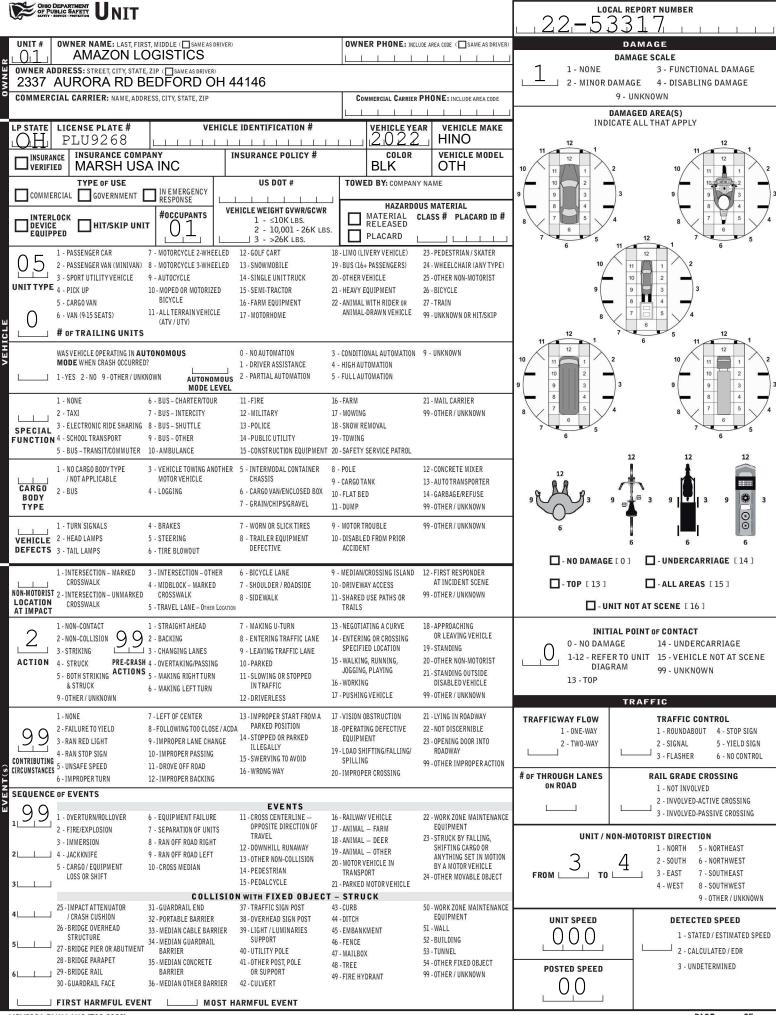
ONIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT										LOCAL REPORT NUMBER* 22 - 53317								
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION																		
SECONDARY CRASH											HIT/SKIP 1 - SOLVED 2 - UNSOLVED 1 - SOLVED 1 - SO							
COUNTY* LOCALITY* LOCATION		CRASH DATE / TIME* CRASH SEVERITY																
3 - TOWNSHIP Jackson		10312022 1213 2 - SERIOUS INJURY																
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NOR 2 - SOU) TYPE	E LATITUDE DECIMAL DEGREES SUSPECTED																
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NOR 2 - SOU 3 - EAS)R	ш			1 1			3 - MINOR INJURY SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NOR 2 - SOU	MILEPOST, HO	USE #)	ROAD) TYPE		LONGITUD	E DECIN	4 - INJURY POSSIBLE									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NOR 2 - SOU 3 - EAS 4 - WES	L]•[]	Ľ.	1 1			PROPERT DNLY	IY DAN	/IAGE							
REFERENCE POINT DIRECTION			TYPE					INT	FERSEC	TION RE	LATED							
1 - INTERSECTION 1 - NORTH 2 - MILE POST 2 - SOUTH		HW-H	IGHWAY ANE	RD - RO SQ - SQI			WITHIN II	NTERS	ECTION	OR ON AP	PROACI	н						
□ 3- HOUSE # 3- EAST 4-WEST		MP - M 0V - 0	ILEPOST	ST - STI			WITHIN II	NTERC	HANGE	AREA	NUMB	ER OF AF	PROA	CHES				
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE	RRACE AIL				RO	ADWAY												
1 - MILES 2 - FEET 3 - VUMBERED TOWNSHIP ROUTE HE - HEIGHTS PL - PLACE ROADWAY DIVIDED																		
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT										DIRECTION of TRAVEL MEDIAN TYPE 1 - NORTH 1 - DIVIDED FLUSH MEDIAN								
	WAY/ALLEY AG	TW0	MOTOR							2 - SOUTH					(<4 FEET) - DIVIDED FLUSH MEDIAN			
TDAIL	D USE PATHS		NSPORT 7			SAME DIRECT		3 - EAST 4 - WEST				(≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN						
6 - OUTSIDE TRAFFIC WAY 13-BIKE L	RECTION	4 - DIVIDED, RAISED MEDIAN																
7 - ON RAMP 14-TOLL 8 8 - OFF RAMP 99-OTHEF				(ANY TYPE) 9 - OTHER/UNKNOWN														
WORK ZONE RELATED	WORK 2	ZONE TYPE	LOCATIO	NOFC	RASH IN	WORK ZO	NE	CONTOUR CONDITIONS					SURFACE		n C			
WORKERS PRESENT	1 - LANE CLO		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN						īΪ		ř	a l r			T			
	3 - WORK ON		2-	1 - STRAIGHT LEVEL 1 - DRY					1 - CONCRETE									
	OR MEDIA 4 - INTERMI	AN ITTENT OR MOVING WORK		3 - TRANSITION AREA 4 - ACTIVITY AREA					2 - STRAIGHT GRADE 2 - WET				2 - BLACKTOP, BITUMINOUS,			S,		
ACTIVE SCHOOL ZONE	5-0THER		5 -	3 - CURVE LEVEL 3 - SNOW 4 - CURVE GRADE 4 - ICE					ASPHALT			Z						
LIGHT CONDITION		WEATHE						9 - OTHER/UNKNOWN 5 - SAND, MUD										
1 - DAYLIGHT 2 - DAWN/DUSK		1 - CLEAR 2 - CLOUDY	6 - SNOW 7 - SEVERE (CROSS	WINDS							ATER (STANDING, 5 - DIRT						
3 - DARK - LIGHTED ROADWAY	8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE						MOVING)				9 - OTHER/UNKNOW			NOWN				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHT	ING	4 - RAIN 5 - SLEET, HAIL	99 - OTHER /	IZZLE	7 - SLUSH 9 - OTHER/UN					IKNOWN								
9 - OTHER / UNKNOWN				_														
NARRATIVE				- 1	1	л с	1	1			1		$ \land $	> directi	te the i ion witl	h		
UNIT ONE, WHILE OPERATING IN I				_								ر 🗌			" on the ass diag			
DR NW, STRUCK UTILITY AND POWER LINES. DOING SO, UNIT ONE ALSO CAUSED DAMAGE TO THE STRUCTURE LOCATED ON PROPERTY.													-					
NO DAMAGE TO UNIT ONE.				_									-					
MD													_					
													_	_				
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		H DATE / TIME		-														
CRASH REPORTED DATE / TIME		ARRIVAL DATE / TIME 312022 1219					SCENE CLEARED DATE / TIME					REPORT TAKEN BY POLICE AGENCY						
)31202	22 1214	TUST						1202		ΤĻ	, 4 , 14		NOTORIS				
TOTAL TIME OTHER ROADWAY CLOSED INVESTIGATION TIME M			CHECKED BY OFFICER'S NAME*					 [] *	SUPPLEI	MENT								
	*	-	CHECKED BY OFFICER'S BADGE NUMBER*					((T	CORRECTIO	JN OR ADE REPORT SENT	DITION TO ODPS)							
								I		. <u> </u>	<u> </u>	5						



			22-53317																
	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER								
	01		N, JERMAINE D	07291974 48 M															
-		STREET, CITY, ST	T CLEVELAND OH	CONTACT PHONE - INCLUDE AREA CODE															
TON				SAFETY EQUIPMENT															
/ NON-MOTOR	INJURIES		EMS AGENCT (NAME)	IS AGENCY (NAME) INJURED TAKEN T				D: MEDICAL FACILITY (NAME, CITY) SAFETY E					AIR BAG USAGE EJECTION TRAPPED						
	OL STATE		ICENSE NUMBER					LOCAL CODE	OFFENSE DESC	RIPTION		ATION NUM	BER						
	r	*******	ī										DRUG TEST(S)						
Z	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	VER TRACTED		DHOL / DRUG SUSPE		CONDITION		COHOL TEST TYPE VALUE	STATUS			SELECT UP TO 4					
1	1						THER DRUG	<u>ــــــ</u> ا		•									
	UNIT #	NAME: LAST, F	FIRST, MIDDLE			DATE OF BIRTH		A	GE	GENDER									
ا اير		STREET, CITY, ST	TATE 71P																
NON-MOTORIS		011121/0111/01								1 1		1 1							
DM-NO	INJURIES	INJURED TAKEN BY	INJURED TAKEN TO: ME			: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		OMPLIANT	TON AIR B	AG USAGE EJ	ECTION	TRAPPED					
<u> </u>	OL STATE		ICENSE NUMBER	OFFENSE CHARGED				LOCAL	OFFENSE DESC										
TORIS	1 1							CODE											
Σ	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED		DHOL / DRUG SUSPE	E CTED RIJUANA	CONDITION		COHOL TEST TYPE VALUE	STATUS	DRUG TE TYPE		SELECT UP TO 4				
1	т	гп		BY	1	\equiv		(IJ UANA	1 1	r ir		11		П	IT II I				
	UNIT #	NAME: LAST, F	FIRST, MIDDLE	1					DATE OF BIRTH AGE GENDE										
OTORIST	ADDRESS:	STREET, CITY, ST	ATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE														
A0T0																			
M-NON	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDT	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	Прот-с Мс не	SEATING POSIT	ION AIR B	AG USAGE EJ	ECTION	TRAPPED				
RIST /	OL STATE	OPERATOR L	RATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION CITATION NUMBER									
MOTO	DL CLASS	ENDORSEMENT	RESTRICTION SELECT		TO3 DRIVER ALCOHOL / DRUG SUSPECTED				CONDITION	ALCOHOL TEST DRUG TEST(S)									
		SELECT UP TO 2		DIS	TRACTED	H		RIJUANA		STATUS 1	TYPE VALUE	STATUS	TYPE	RESULI	SELECT UP TO 4				
L	TNJU	RIES	SEATING POSITION		IR BAG	01	THER DRUG		OL RESTRIC		DRIVER DISTRA	CTION		T STAT					
1	FATAL	NILO	1 - FRONT – LEFT SIDE	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED		1 - NONE GI						
2 - SUSPECTED SERIOUS INJURY			(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	ED FRONT 2 - CLASS B				2 - CDL INTRASTAT		2 - MANUALLY OPERAT ELECTRONIC COMM	2 - TEST REFUSED								
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY			3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRO			3 - CLASS C 4 - REGULAR CLASS	3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEXTING, DIALING)		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE							
5 - NO APPARENT INJURY 4 - SECOND - LEI		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPLICABLE			(0HI0 = D)		5 - EXCEPT CLASS A	BUS	BUS 3 - TALKING ON HANDS-FREE			4 - TEST GIVEN, RESULTS KNOWN						
INJURED TAKEN BY 5- SECOND - MIDDLE			9 - DEPLOY	MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS	4	COMMUNICATION D 4 - TALKING ON HAND-	5 - TEST GIVEN, RESULTS UNKNOWN								
1 - NOT TRANSPORTED 6 - SECOND – RIGHT SIDE /TREATED AT SCENE 7 - THIRD – LEFT SIDE									7 - EXCEPT TRACTO		COMMUNICATION D	ALCOHOL TEST TYPE							
2 - EMS		SCENE	(MOTORCYCLE SIDE CAR)				H - HAZMAT	VIEN I	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY W ELECTRONIC DEVIC	1-NONE							
5 - PULICE			8 - THIRD – MIDDLE	2 - PARTIALLY EJECTED			M - MOTORCYCLE		9 - LEARNER'S PER	MIT	6 - PASSENGER	2 - BLOOD							
9 - OTHER / UNKNOWN 9 - THIRD – RIGHT SIDE 10 - SLEEPER SECTION		9 - THIRD – RIGHT SIDE	3 - TOTALLY EJECTED			P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY		7 - OTHER DISTRACTIO INSIDE THE VEHICL	3 - URINE 4 - BREATH								
SAFETY EQUIPMENT OF TRUCK CAB			4 - NOT APPLICABLE			N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMP	LOYMENT 8 - OTHER DISTRACTION OUTS										
1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA			TRAPPED R-T				EE-WHEEL MOTORCYCLE 12 - LIMITED - OT			THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TEST TYPE							
2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 3 - LAP BELT ONLY USED PICK-UP WITH CAP)			1 - NOTTRAPPED 2 - EXTRICATED BY			S - SCHOOL BUS		13 - MECHANICAL DE (SPECIAL BRAKE	VICES S, HAND			1-NONE							
4 - SHOULDER & LAP BELT USED			12 - PASSENGER IN UNENCLOSED	SED MECHANICAL MEANS			T - DOUBLE & TRIPLE X - TANKER / HAZMAT	TRAILERS	CONTROLS, OR O ADAPTIVE DEVI	HER CONDITION			2 - BLOOD 3 - URINE						
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			CARGO AREA 13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS					14 - MILITARY VEHIC					4 - OTHER					
6 - CHILD RESTRAINT SYSTEM -			14 - RIDING ON VEHICLE EXTERIOR				GENDER F-FEMALE	15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT	WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			DRUG TEST RESULT(S)						
REAR FACING 7 - BOOSTER SEAT			(NON-TRAILING UNIT) 15 - NON-MOTORIST			M - MALE			16 - OUTSIDE MIRRO	R	4 - ILLNESS			1 - AMPHETAMINES					
7 - BOOSTER SEAT 8 - HELMET USED			99 - OTHER / UNKNOWN	U - OTHER / UNKNOWN				17 - PROSTHETIC AID	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES							
9 - PROTECTIVE PADS USED		PADS USED							18-OTHER		6 - UNDER THE INFLUE	3 - BENZODIAZEPINES 4 - CANNABINOIDS							
(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING										OF MEDICATIONS/D /ALCOHOL	4 - CANNABINOIDS 5 - COCAINE								
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY											9- OTHER / UNKNOWN	6 - OPIATES / OPIOIDS							
99	· OTHER / UNK												7 - OTHER 8 - NEGATIV	E RESULT	TS				
	(0000 0114)												- HEUAILY						