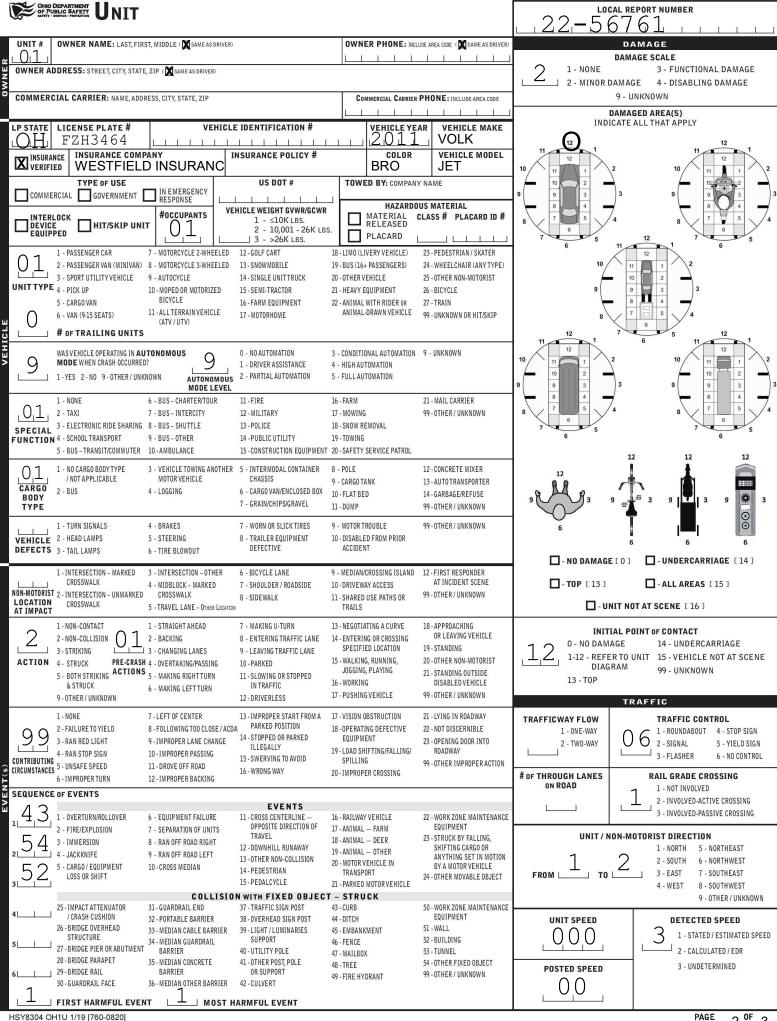
OFFICIENCE SAFETY TRAFFIC CRASH	LOCAL REPORT NUMBER* $22 - 56761$								
П РНОТОS ТАКЕN ОН-2 X 0H-3	22-5	6761							
	REPORTING AGENCY NAME* JACKSON TWP POL		NCIC* E .0,7,6,2,4	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL			
COUNTY* LOCALITY*		CRASH DATE /		RASH SEVERITY					
$76$ $3^{1-CITY}_{2-VILLAGE}$		11172022 1539 5 1-FATAL							
	LOCATION ROAD NAME		ROAD TYPE	L     L     L     2 - SERIOUS INJURY       E     LATITUDE DECIMAL DEGREES     SUSPECTED					
	HIGBEE		AV .			3 - MINOR INJURY SUSPECTED			
	REFERENCE ROAD NAME (ROAD, N	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	4800				T T T T	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYF			INTERSECTION RELAT	ſED			
C 1- INTERSECTION 1- NORTH		- ALLEY HW- HIGHW - AVENUE LA - LANE	VAY RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
└───┘ 3 - HOUSE #	STATE ROUTE BL -	- BOULEVARD MP - MILEP		WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT -	- CIRCLE 0V - 0VAL - COURT PK - PARKW	TE - TERRACE VAY TL - TRAIL	ROADWAY					
	ROUTE	- DRIVE PI - PIKE - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIV	/IDED				
LOCATION OF FIRST HARMFUL EVENT		NER OF CRASH COLLISIO		DIRECTION OF TRAVEL MEDIAN TYPE					
$ \bigcirc 6^{1-\text{ON ROADWAY}}_{2-\text{ON SHOULDER}} 9-\text{CROSSOVER}_{10-\text{DRIVEWAY}/i} $	DETIA	COLLISION 4 - REAR-TO- WEEN 5 - BACKING		1-NORTH		D FLUSH MEDIAN			
3 - IN MEDIAN 11-RAILWAY GF	RADE CROSSING L J VEHI	ICLES IN 6 - ANGLE		2 - SOUTH 3 - EAST	2 - DIVIDEI	( <4 FEET ) - DIVIDED FLUSH MEDIAN			
4 - ON ROADSIDE 12- SHARED US 5 - ON GORE TRAILS	E PATHS OR TRAN 2 - REAR		PE, SAME DIRECTION PE, OPPOSITE DIRECTION	4 - WEST (≥4 FEET )					
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 7 - ON RAMP 14-TOLL BOOTH	3 - HEAD			4 - DIVIDED, RAISED MEDIAN (ANY TYPE)					
8 - OFF RAMP 99- OTHER / UN					9 - 0THER/	UNKNOWN			
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRAS		CONTOUR	CONDITIONS	SURFACE			
	LANE CLOSURE LANE SHIFT/CROSSOVER	WARNING			_9_				
	NORK ON SHOULDER OR MEDIAN	2 - ADVANCE	WARNING AREA )N AREA	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,			
	NTERMITTENT OR MOVING WORK	4 - ACTIVITY A 5 - TERMINAT		3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT			
				4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK			
LIGHT CONDITION	WEATHE	6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE			
9 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMOKE	7 - SEVERE CROSSWIN 8 - BLOWING SAND, SOI			6 - WATER (STANDING, MOVING)	TANDING, 5 - DIRT			
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR 99 - OTHER / UNKNOWN	FREEZING DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN			
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99-UTHER/UNKNOWN	ļ		9 - OTHER/UNKNOWN				
NARRATIVE		- <sup>⊥</sup> $ $ <sup>⊥</sup>			l l l d	Indicate the north			
UNIT 1 WAS PARKING HER VEHICLE A					+	direction with an "N" on the compass diagram.			
FLOWER BED AND BUILDING. BUILDIN NOTIFIED SAID NO DAMAGE OTHER TH									
MINOR DAMAGE TO BRICK AND FLOW	ER BED.								
PHOTOS TAKEN									
LF									
		_				-			
		_							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE		SCENE CLEARED		REPORT TAKEN BY			
	Construction of the second	11172022	and a subsection of the	11172022		POLICE AGENCY			
						MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUT	N, STEVEN		SUPPLEMENT (CORRECTION OR ADDITION						
0 0 7	Снескер	BY OFFICER'S BADGE NUMBER*							
			-1						



OHIO E OF PUI	Scholdepartment Motorist / Non-Motorist						22-56761							
	T # NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER							
	, KNOCH, PATRICIA S								0906193884 _ F					
2	IDDRESS: STREET, CITY, STATE, ZIP 026 KNOLLWOOD NW CANTON OH 44708								CONTACT PHONE - INCLUDE AREA CODE					
		EMS AGENCY (NAME)	10114		TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSIT	ION AIR BA	G USAGE EJECTIO		
NON	TAKEN BY							USED 99				1 1	11	
					SE CHAR	RGED	LOCAL CODE	OFFENSE DESC	CRIPTION CITATION NUMB			TION NUMBER		
S OL CLAS	5 ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALCO	DHOL / DRUG SUSPI	ECTED	CONDITION		OHOL TEST	STATUS	DRUG TEST	S)	
4			BY	9			RIJUANA	1	11	1	1	1		
UNIT #	NAME: LAST, F									DATE OF BIRTH			GENDER	
1T_														
ADDRES	S: STREET, CITY, ST.	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
10101									LL			<u> </u>		
	S INJURED     TAKEN BY			INJURED			SAFETY EQUIPMENT			ION AIR BA	G USAGE EJECTIO	IN TRAPPED		
C OL STATI	U U U U U U U U U U U U U U U U U U U	ICENSE NUMBER		OFFEN	SE CHAR	RGED	LOCAL	OFFENSE DESC	RIPTION			TION NUMBER		
DL CLAS	S ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED		DHOL / DRUG SUSPI	E <b>CTED</b> RIJUANA	CONDITION		OHOL TEST (PE VALUE	STATUS	DRUG TEST TYPE RESU	S) ILT SELECT UP TO 4	
1	лі п і		BY	1		THER DRUG	(IJUANA	1 1	1 11		ur i		т п з	
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH	1	AGE	GENDER	
ADDRES	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
	S INJURED	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT		SEATING POSIT				
	TAKEN			INJORED	TARENTO		(NAME, GITT)	USED	MC HEL	MPLIANT				
OL STATI	TE OPERATOR LICENSE NUMBER OFFENSE			SE CHAR	ARGED LOCAL OFFENSE DESC CODE			RIPTION CITATION NUMBER						
									ALCOHOL TEST DRUG TEST(S)					
≥ OL CLAS	S ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPI	E <b>CTED</b> RIJUANA	CONDITION		OHOL TEST (PE VALUE	STATUS		ILT SELECT UP TO 4	
L	ісл			1	01	THER DRUG		<u> </u>						
INJ 1 - FATAL	URIES	SEATING POSITION 1 - FRONT - LEFT SIDE	1 - NOT DEF	IR BAG		OL CLASS 1-CLASS A	5	OL RESTRIC		DRIVER DISTRA 1 - NOT DISTRACTED	CTION	TEST SI	TATUS	
	D SERIOUS INJURY	SERIOUS INJURY (MOTORCYCLE DRIVER) 2 - DEPLOY				2 - CDL INTRASTAT		2 - MANUALLY OPERATING AN		2 - TEST REFUSE	)			
3 - SUSPECTE 4 - POSSIBLE	2 EDANT DICUTSIDE		3 - DEPLOY	YED SIDE 3 - CLASS C YED BOTH FRONT / SIDE 4 - REGULAR CLASS		3 - CORRECTIVE LENSES 4 - FARM WAIVER		DEVICE (TEXTING, TYPING,		3 - TEST GIVEN, C SAMPLE / UNU				
5 - NO APPAR		A - SECOND - LEFT SIDE 5 - NOT APPL		PLICABLE (OHIO = D)		5 - EXCEPT CLASS A BUS		DIALING) 3 - TALKING ON HANDS-FREE		4 - TEST GIVEN, R				
INJURE	JURED TAKEN BY 5- SECOND - MIDDLE 9- DEPLOYME						6 - EXCEPT CLASS A & CLASS B BUS	SA COMMONION DEVICE			5 - TEST GIVEN, R UNKNOWN	ESULTS		
	- NOT TRANSPORTED 6 - SECOND – RIGHT SIDE /TREATED AT SCENE 7 - THIRD – LEFT SIDE						7 - EXCEPT TRACTO				ALCOHOL TEST TYPE			
2 - EMS	EMS (MOTORCYCLE SIDE CAR) 1- NO		1 - NOT EJE			8 - INTERMEDIATE LICENSE RESTRICTIONS		ELECTRONIC DEVICE		1 - NONE 2 - BLOOD				
3 - POLICE	0 THIDD DICHT SIDE			LLY EJECTED M - MOTORCYCLE Y EJECTED P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS		0 - PASSENGER		3 - URINE				
	10 - SLEEPER SECTION 4 - NOT APPL				10 - LIMITED TO DAYLIGHT ONLY		INSIDE THE VEHICLE 4 - BI		4 - BREATH 5 - OTHER					
1 - NONE USE	NONE LISED 11 - PASSENGER IN OTHER TRAPPED				Q - MOTOR SCOOTER 11 - LIMITED TO EMP R - THREE-WHEEL MOTORCYCLE 12 - LIMITED – OTHE		R THE VEHICLE		NUUISIDE					
	ENCLOSED CARGO AREA SHOULDER BELT ONLY USED (NON-TRALING UNIT, BUS, 1 - NOT TRAPPI DECOMPARIAN (NON-TRALING UNIT, BUS, 1 - NOT TRAPPI		PPED S - SCHOOL BUS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND		9 - OTHER / UNKNOWN		DRUGTES 1-NONE	DITYPE				
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS CONTROLS, OR		THER CONDITION			2 - BLOOD				
	5 - CHILD RESTRAINT SYSTEM – CARGO AREA FORWARD FACING 13 - TRAILING UNIT		3 - FREED BY NON-MECHANICAL MEANS			14 - MILITARY VEH		1 Putrachter Honnie			3 - URINE 4 - OTHER			
6 - CHILD RES	- CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR				GENDER F - FEMALE	GENDER 15 - MOTOR VEHICL MALE AIR BRAKES		S WITHOUT 3 - EMOTIONAL (E.G., DEPRESS ANGRY, DISTURBED)		PRESSED,				
	REAR FACING (NUN-IRAILING UNIT) - BOOSTER SEAT 15 - NON-MOTORIST				M - MALE	MALE 16 - OUTSIDE MIRE		OR 4- ILLNESS			1 - AMPHETAMINES			
8 - HELMET USED 99 - OTHER / UNKNOWN					U - OTHER / UNKNOWN		17 - PROSTHETIC AID 18 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		ED,	2 - BARBITURATES 3 - BENZODIAZEPINES			
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS 4		4 - CANNABINOID	4 - CANNABINOIDS				
	0 - REFLECTIVE CLOTHING 1 - LIGHTING - PEDESTRIAN							/ ALCOHOL 5 - COCAINE 9 - OTHER / UNKNOWN 6 - OPIATES / 0		5 - COCAINE 6 - OPIATES / OPI	DIDS			
/ BICYCLE ONLY										7-OTHER				
99 - OTHER / U	NKNUWN											8 - NEGATIVE RES	SULTS	

HSY8306 OH1M 1/19 [760-1500]