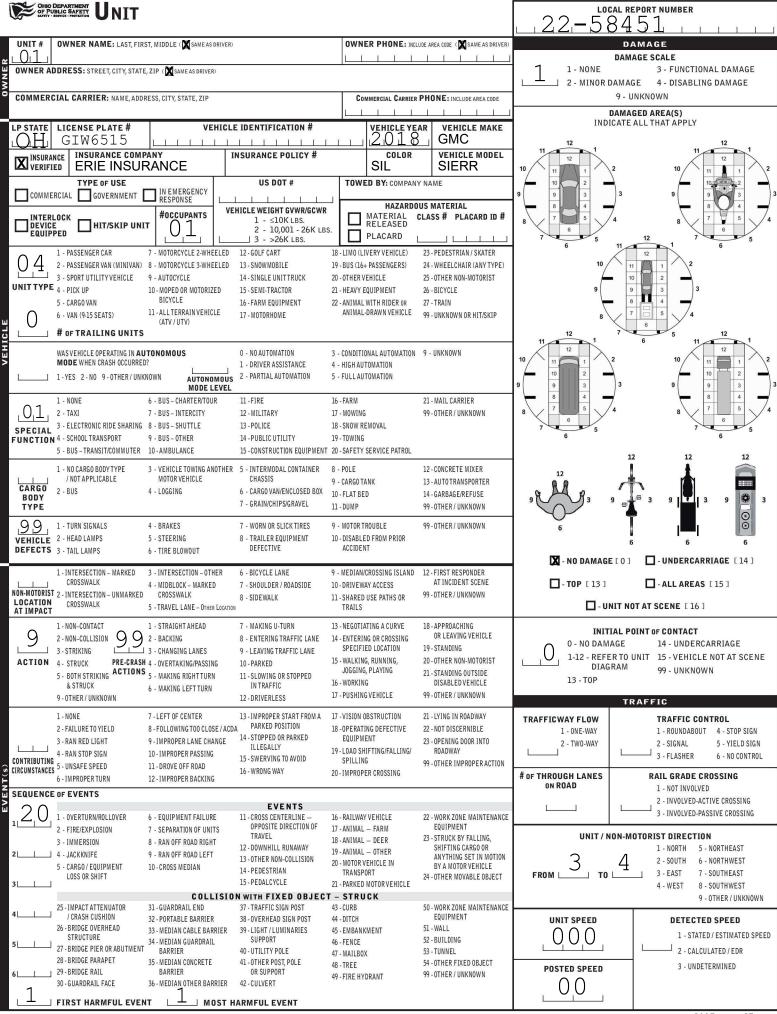
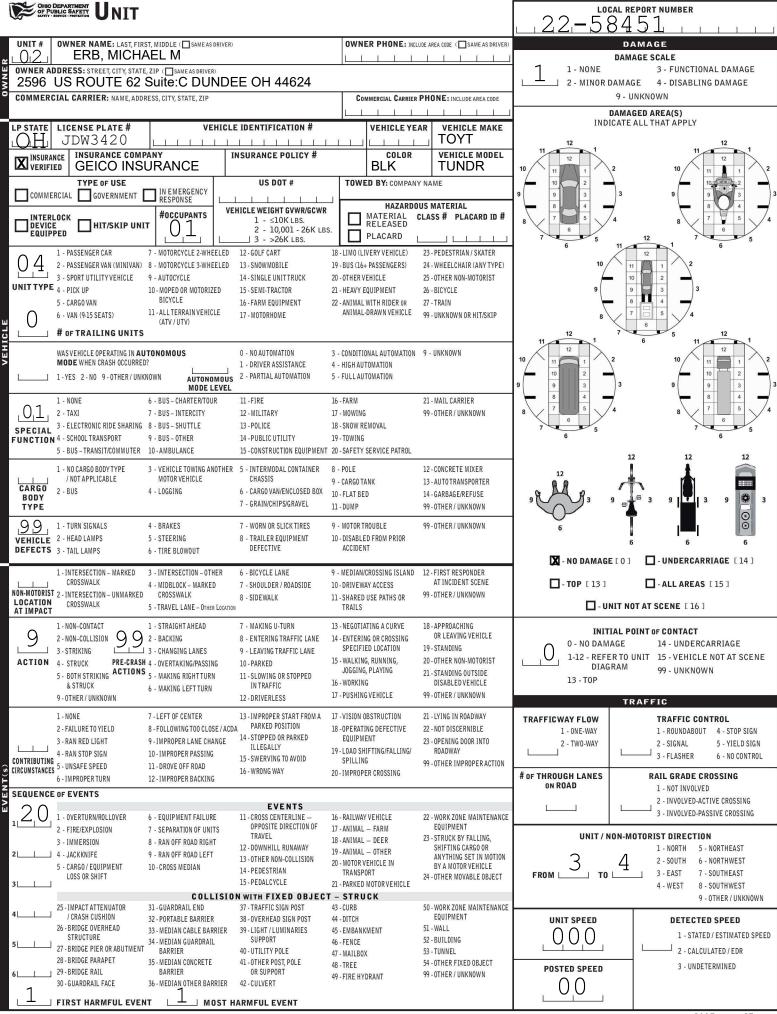
CONTROL OF A CONTR										LOCAL REPORT NUMBER* $22 - 58451$											
PHOTOSTAKEN OH-2 OH-3 LOCAL INFORMATION												$_{\rm 0}$			<u> </u>		<u> </u>	L			
	$ \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} $										HIT/SKIP 1 - SOLVE	D		of UNITS		/	ANIMAL				
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*											12 - UNSOL CRASH DA				CRASI	I SEVER	UNKNOW RITY	N			
7.6 3 TUPNNSHIP Jackson (Township of)										11252022 1115 5 1-FATAL											
										2 - SERIOUS INJURY											
	, RD					r r			1	3 - MINOR INJURY SUSPECTED											
		NCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE							LONGITU	4 - IM	- INJURY POSSIBLE										
ROUTE TYPE ROUTE NU	3	- SOUTH - EAST - WEST	5487							5 - PROPERTY DAT								E			
REFERENCE POINT		ROAD	ТҮРЕ					IN	TERSEC	TION REL				-							
3 1 - INTERSECTION 2 - MILE POST		- ALLEY - AVENUE	HW-H LA-L	IGHWAY	RD - RI	DAD WITHIN INTERSECTION OR ON APPROACH															
3 - HOUSE #	- BOULEVARD		ILEPOST			UARE THE WITHIN INTERCHANGE AREA NUMBER OF								S							
DISTANCE	- CIRCLE	0V - 0		TE - TERRACE																	
DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED TOWNSHIP 2 - FEET ROUTE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY											_										
2-FET ROUTE HE HEIGHTS PL - PLACE																					
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT 1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION 4 - REAR-TO-REAR											DIRECTION OF TRAVEL MEDIAN TYPE										
0. 6 1- 0N ROADWAY 9- CROSSOVER 10- DRIVEWAY/ALLEY ACCESS 9 1- NOT COLLISION 4 BETWEEN 5- TWO MOTOR 5-								чк		1 - NORTH 2 - SOUTH				1 - DIVIDED FLUSH MEDIAN (<4 FEET)							
4 - ON ROADSIE			RADE CROSSING	L – VEH	ICLES IN	CLESIN 6-ANGLE						3 - EAST				2 - DIVIDED FLUSH MEDIAN (≥4 FEET)					
5 - ON GORE TRAILS 2 - REAR-END 8 - S								OPPOSITE D			4 - WES	T	3 - DIVIDED, DEPRESSED MEDIAN								
6 - OUTSIDE TRAFFIC WAY 13- BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN 7 - ON RAMP 14- TOLL BOOTH 3 - HEAD-ON 9 - OTHER / UNKNOWN										4 - DIVIDED, RAISED MEDIAN (ANY TYPE)											
8 - OFF RAMP 99-OTHER / UNKNOWN												9 - OTHER/UNKNOWN									
WORK ZONE RELAT	TED		WORK ZONE TY	PE				WORK Z		0	CONTOUR		CONDITIONS			SURFACE					
1 - LANE CLOSURE WORKERS PRESENT 2 - LANE SHIFT/CROSSOVER						1 - BEFORE THE 1ST WORK ZONE WARNING SIGN							L	1							
LAW ENFORCEMEN	NT PRESENT L		VORK ON SHOULD	DER	10 10 10 10 10 10 10 10 10 10 10 10 10 1	2 - ADVANCE WARNING AREA 3 - TRANSITION AREA					1 - STRAIGHT LEVEL 1 - DRY				1 - CONCRETE						
		4 - I	NTERMITTENT 0	R MOVING WORK	4	4 - ACTIVITY AREA					2 - STRAIGHT GRADE 2 - WET 3 - CURVE LEVEL 3 - SNOW				2 - BLACKTOP, BITUMINOUS,						
ACTIVE SCHOOL ZC	ONE	5 - (THER		5 - TERMINATION AREA					4 - CURVE GRADE 4 - ICE					ASPHALT 3 - BRICK/BLOCK						
- 2004903000.00 W	CONDITION		1 01	WEATH		CNOW					HER/UNKNO		MUD, DIR [.] RAVEL	UD, DIRT, 4 - SLAG, GRAVEL,							
1 - DAYLIGHT 2 - DAWN/DUSK			1 - CL 2 - CL		6 - SNOW 7 - SEVERE	7 - SEVERE CROSSWINDS								STANDING, 5 - DIRT							
3 - DARK – LIGH	ITED ROADWAY DWAY NOT LIGHTI	ED	3 - F0 4 - RA			DWING SAND, SOIL, DIRT, SNOW EEZING RAIN OR FREEZING DRIZZLE					MOVING) 7 - SLUSH					9 - OTHER/UNKNOW					
	NOWN ROADWAY		20 000000 2010 2010 2010 2010	EET, HAIL		R / UNKNOWN					9 - OTHER/UNK					IOWN					
9 - OTHER / UNK	KNOWN																				
NARRATIVE						-		. L .	1					1	$ \land $		te the nort on with	:h			
BOTH UNIT #1 AN DRESSLER RD. N						-								7	\checkmark		'on the iss diagram	n.			
OF UNIT #1 STATE	ED UNIT #2 B	UMPED I	HIS VEHICLE															_			
DIRT, NO DAMAGE	E SEEN AT TI	HIS TIME							-						_			_			
UNABLE TO DETE	RMINE FAUL	Τ													_			_			
U-372						-												-			
JA						-												-			
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CRASH REPORTED I	DATE / TIME		DISPATCH DATE /	TIME	AR		DATE / T			SC	ENE CLEAI			IE	REP	PORT TAI	KEN BY	_			
11252022		ARRIVAL DATE / TIME					1,1,2,5,2,0,2,2, 1,2,2,0					POLICE AGENCY									
	OTHER	TOTAL		<u>1115</u> s name*		ĨĨ	<u> </u>						ГТ		M	IOTORIS	Т				
ROADWAY CLOSED INVE			and the second se	RCHECK,				JO⊦	INSC	N, S	TEVE		L (C	UPPLEN ORRECTIO	N OR ADDITIC	ON					
0	0	6	5	OFFICER'S BA	DGE NUMBER	×	1	CHECKED BY OFFICER'S BADGE NUMBER*						2	TO	AN EXISTING R	EPORT SENT TO ODF	PS)			
		أسسا					j	L	1	1	1	4	<u> </u>								





	E DEPONDERATION MOTORIST / NON-MOTORIST										22-58451								
	UNIT #	NAME: LAST, F	TIRST, MIDDLE		DATE OF BIRTH AGE GENDER														
⊢	01		VICH, ERIC L	04261969 53 M															
2		STREET, CITY, ST	RD NEW FRANKLI	CONTACT PHONE - INCLUDE AREA CODE															
0		INJURED I	EMS AGENCY (NAME)	Image: Seating position air bag usage ejection trapped															
M-NON/	Ĩ	TAKEN BY	(EN																
MOTORIST	OL STATE	OPERATOR L		OFFENSE CHARGED LOCAL CODE				OFFENSE DESC	RIPTION		CITATIO			ON NUMBER					
0 W	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT				OHOL / DRUG SUSPI		CONDITION	STATUS	TYPE		STATUS	DRUG TEST(S) ATUS TYPE RESULT SEL					
1	4	1 11 1		ALCOHOL MARIJUAN				1	r i	τ.		1		11					
	UNIT #	NAME: LAST, F									TE OF BIRTH		A	GE	GENDER				
	02	ERB, DO	DROTHY M								06202001 21 F								
-		STREET, CITY, ST	ATE, ZIP RD 70 SUGARCRI	EEK O	H 44681						CONTACT PHONE - INCLUDE AREA CODE								
		INJURED I	EMS AGENCY (NAME)				: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEATING POSITIO	N AIR BAG	BAG USAGE EJECTION TRAPPED					
OM-NON /		TAKEN BY									-COMPLIAN					_1_			
ORIST /	OL STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHAR			RGED	LOCAL CODE	OFFENSE DESC	RIPTION			CITATION NUMBER						
6	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALCO	OHOL / DRUG SUSPI		CONDITION	STATUS	TYPE		STATUS	DRUG T		SELECT UP TO 4			
	4	52220101102		BY	TRACTED		LCOHOL 🔲 MAF THER DRUG	RIJUANA	1						NEOUEI				
1	UNIT #	NAME: LAST, F	IRST, MIDDLE]		THER DRUG					DATE OF BIRTH			GE	GENDER				
RIST	ADDRESS:	I : STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE								
NON-MOTORI	INJURIES								SAFETY EQUIPMENT										
-NON	INJURIES	INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			USED		-COMPLIAN		AIR BAG	USAGE	JECTION	TRAPPED				
ORIST /	OL STATE	OPERATOR L	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE				RIPTION CITATION NUMBER									
6	OL CLASS	ENDORSEMENT SELECT UP TO 2			DISTRACTED		DHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST STATUS TYPE VALUE ST			STATUS	DRUG TEST(S) ATUS TYPE RESULT SELECT UP TO 4					
	т	и пт и		BY	1		LCOHOL 🔟 MAF THER DRUG	RIJUANA	, ı	r 1	т т.			т лг	Ĩ	т п 1			
	INJU	RIES	SEATING POSITION		IR BAG		OL CLAS	5	OL RESTRIC	TION(S)	î î	IVER DISTRAC	TION	TES	ST STAT	rus			
	- FATAL	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED 2 - DEPLOYED FRONT			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT				1 - NONE GIVEN IG AN 2 - TEST REFUSED						
	3 - SUSPECTED MINOR INJURY		2 - FRONT - MIDDLE	ED SIDE 3 - CLASS C				3 - CORRECTIVE LE		ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,			DN 3 - TEST GIVEN, CONTAMINATED						
	4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE	4 - DEPLOY 5 - NOT APF	ED BOTH FRO	NT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS A	DIALING)				4 - TEST GIVEN, RESULTS KNOWN					
			(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		EPLOYMENT UNKNOWN 5 - M/C MOPED ONLY				6 - EXCEPT CLASS		COMMUNICATION DEVICE				5 - TEST GIVEN, RESULTS UNKNOWN				
	INJURED TAKEN BY 1 - NOT TRANSPORTED		6 - SECOND - RIGHT SIDE		6 - NO VALID OL				& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE								
2	/TREATED AT SCENE 2 - EMS		7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	E . 1 - NOT EJE	JECTION OTED		OL ENDORSET H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		THER ACTIVITY WITH LECTRONIC DEVICE	Y WITH AN I NONE						
	3 - POLICE		8 - THIRD - MIDDLE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	MIT 6 - PASSENG		ASSENGER	ENGER		2 - BLOOD 3 - URINE				
9	9 - OTHER / UNKNOWN		9 - THIRD – RIGHT SIDE 10 - SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	7 - OTHER DISTRACTION LIGHT ONLY INSIDE THE VEHICLE			4 - BREATH						
SAFETY EQUIPMENT			OF TRUCK CAB 11 - PASSENGER IN OTHER			Q - MOTOR SCOOTER	11 - LIMITED TO EMP		THE VEHICLE			5 - OTHER							
	1 - NONE USED 2 - SHOULDER BELT ONLY USED		ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	RAPPED		R - THREE-WHEEL MO	12 - LIMITED – OTHE 13 - MECHANICAL DE		9 - OTHER / UNKNOWN										
	- LAP BELT ON		PICK-UP WITH CAP)	ATED BY	,	S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAKE CONTROLS, OR O	ES, HAND		CONDITION	1 - NONE 2 - BLOOD							
	4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM –		12 - PASSENGER IN UNENCLOSED CARGOAREA	BY		X - TANKER / HAZMAT		ADAPTIVE DEVI	CES) 1 - APPAREN		PPARENTLY NORMAL	RENTLY NORMAL		3 - URINE					
	FORWARD FACING 6 - CHILD RESTRAINT SYSTEM –		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-ME	CHANICAL MEANS				15 - MOTOR VEHICLE	ES WITHOUT 3 - EMOTIONAL (E.G			PRESSED,						
	REAR FACING		(NON-TRAILING UNIT)			F - FEMALE M - MALE		AIR BRAKES 16 - OUTSIDE MIRRO	R		IGRY, DISTURBED) LNESS		DRUG TEST RESULT(S) 1-AMPHETAMINES						
	7 - BOOSTER SEAT 8 - HELMET USED		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID				ED, 2 - BARBITURATES						
	9 - PROTECTIVE PADS USED							18-OTHER		6 - UNDER THE INFLUENCE			3 - BENZODIAZEPINES 4 - CANNABINOIDS						
10	(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING										OF MEDICATIONS / DRUGS / ALCOHOL			5 - COCAINE					
11	- LIGHTING - F / BICYCLE ON								9 - OT	9 - OTHER / UNKNOWN			6 - OPIATES / OPIOIDS 7 - OTHER						
99	- OTHER / UNK	NOWN												8 - NEGATIV	VE RESUL	TS			

HSY8306 OH1M 1/19 [760-1500]