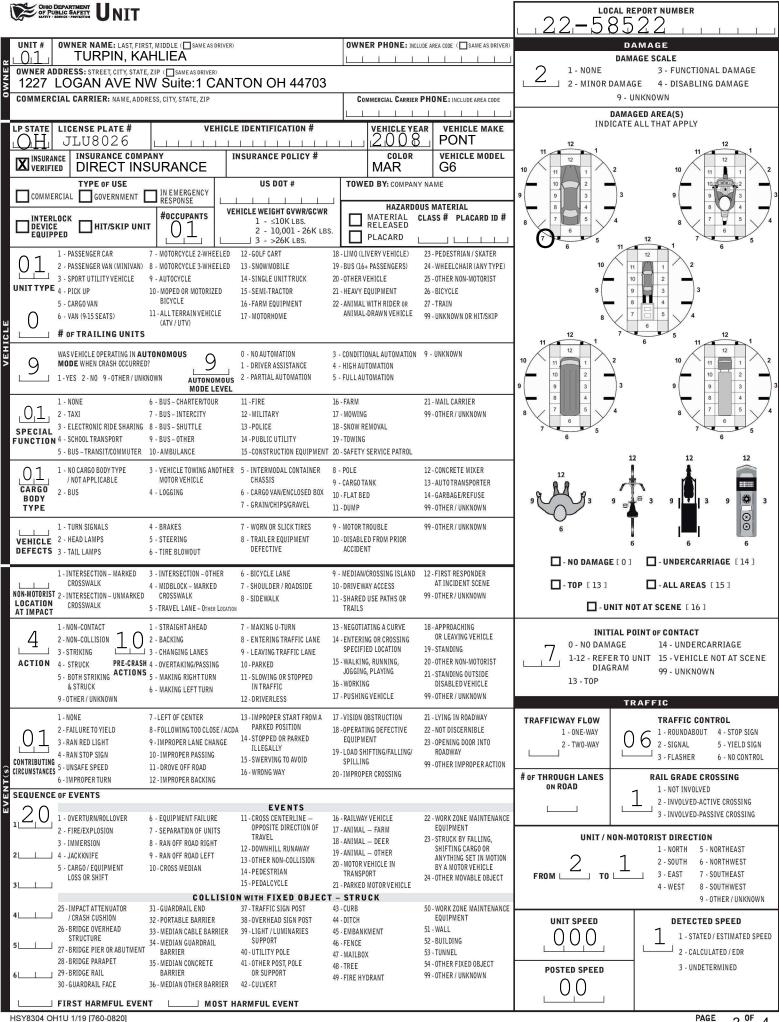
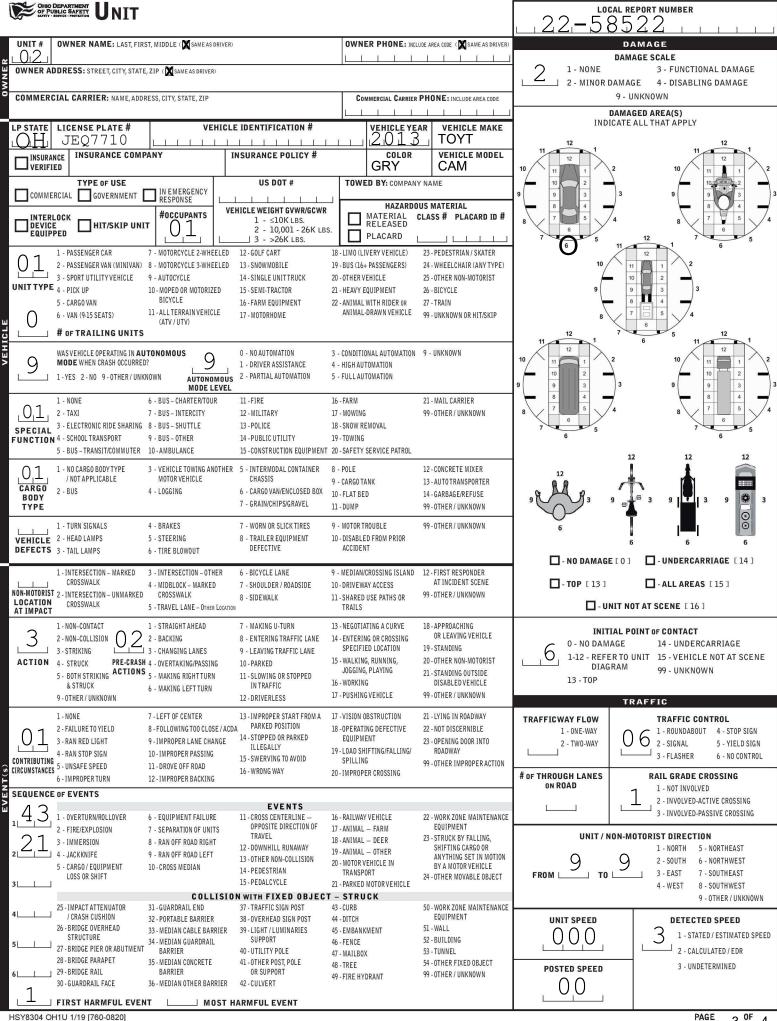
ONIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT Image: Comparison of the state of the sta										22 - 58522								
PHOTOS TAKEN OH-2 X OH-3 OH-1P OTHER REPORTING AGENCY NAME* NCIC*									<u> </u>	HIT/SKIP	<u> </u>	1 1	II		JNIT IN E			
SECONDARY CRASH	PAR	TME		7624 ^{1-solved} 02 02 38						98 -	ANIMA UNKN							
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*										CRASH DATE / TIME* CRASH SEVERITY 11252022 1859 5 1- FATAL								
Z VILLAGE 3 - TOWNSHIP Jackson (Township of) ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH LOCATION ROAD NAME																		Y
		2 - SOUTH	STRIP						AV						SUSPECTED 3 - MINOR INJURY SUSPECTED			
		1-NORTH	REFERENCE ROA	EFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)					AD TYPE							NJURY P	OSSIB	LE
		2 - SOUTH 3 - EAST 4 - WEST	6791							5 - PROPERTY DAM							AGE	
REFERENCE POINT		ROAI	DTYPE					I	NTERSEC	TION REI								
3 ^{1-INTERSECTION} 2-MILE POST	FROM REFERENCE	- ALLEY		IGHWAY		ROAD SQUARE	WITHIN INTERSECTION OR ON APPROACH											
3 - HOUSE # 2 - SOUTH US - FEDERAL US ROUTE AV - AVENUE LA - LANE SQ - 3 - HOUSE #										WITHIN INTERCHANGE AREA NUMBER OF APPROACHES								
DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL TE - T													RO	ADWAY				
FROM REFERENCE UNIT OF MEASURE 1 - MILES 2 - FEET ROUTE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY																		
L 3 - YARDS 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-ON ROADWAY} 9-CROSSOVER 10-DRIVEWAY/ALLEY ACCESS 5 ^{1-NOT COLLISION} BETWEEN TWO MOTOR								AN		2-SOUTH (DIVIDED FLUSH MEDIAN (<4 FEET)			
3 - IN MEDIAN 4 - ON ROADSID		- RAILWAY G 2- SHARED US	RADE CROSSING SE PATHS OR	L - VEI	HICLES IN	6 - ANG 7 - SIDE	LE ESWIPE,	SAME DIF	RECTION	3 - EAST				2 - DIVIDED FLUSH MEDIAN (≥4 FEET)				
5 - ON GORE	10	TRAILS	LUC LUE 20075 ROLLON RECOVER	2 - RE#	AR-END	8 - SIDE	ESWIPE,	OPPOSITE	DIRECTION	4 - WEST 3 - DIVIDED, DEPRESSED N							IAN	
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 - OTHE	THER/UNKNOWN					
WORK ZONE RELAT	red		WORK ZONE TY	PE	LOCATIO					CONTOUR			CONDITIONS			SURFACE		
WORKERS PRESEN	п		LANE CLOSURE LANE SHIFT/CROS	SSOVER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN										2 9			
LAW ENFORCEMEN	NT PRESENT		WORK ON SHOULE OR MEDIAN	DER		2 - ADVANCE WARNING AREA					1 - STRAIGHT LEVEL 1 - DRY 2 - STRAIGHT GRADE 2 - WET				1 - CONCRETE			
		4 -	INTERMITTENT 0	R MOVING WOR	К 4	4 - ACTIVITY AREA					2 - STRAIGHT GRADE 2 - WET 3 - CURVE LEVEL 3 - SNOW						AINOUS	3,
ACTIVE SCHOOL ZO	JNE	5 -	OTHER	THER 5 - TERMINATION AREA						4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOC							X	
	ONDITION		1-CL	WEATH							9 - OTHER/UNKNOWN 5 - SAND, MUI OIL, GRAV				JD, DIRT, 4 - SLAG, GRAVEL,			EL,
9 1 - DAYLIGHT 2 - DAWN/DUSK				OUDY	6 - SNOW 7 - SEVERE CROSSWINDS						6 - WATER (ST				STONE			
3 - DARK – LIGH 4 - DARK – ROAD	G, SMOG, SMOK IN	DKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE						MOVING) 7 - SLUSH				9 - OTHER/UNKNOWN			IOWN			
5 - DARK – UNKM	NOWN ROADWA	EET, HAIL 99 - OTHER / UNKNOWN						9 - OTHER/UNKNOW					/N					
9 - 0THER / UNK	NOWN														<u> </u>			
NARRATIVE						-										Indicat directi	on with	1
REPORTEE STATE						-									\checkmark	an "N" compa		
MARKED PARKING	2 THEN	-												-				
FLED THE SCENE WITNESS WAS AB															_			
LICENSE PLATE.															_			
INVESTIGATION P	ENDING. S	EE OH-2.	UNIT 2 IS AT	FAULT.		-						_			_			
UPDATE: STATEM	IENT OBTA	INED FRO	M UNIT 2			-												-
		mbor 25	0022 AT 2051			-												-
	ACCIDENT CLOSED ON November 25, 2022 AT 2051 HOURS																	
LF	_																	
	<u> </u>			_			_			_								
						-						_			_			
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						F,												-
CRASH REPORTED D			DISPATCH DATE /				DATE / T				ENE CLE				100804840	PORT TAI		
11252022 1859 11252022 1901 11252022 2036										11252022 2058 X POLICE AG							3	
TOTAL TIME OTHER TOTAL OFFICER'S NAME*																		
BADER, CHRISTOPHER													SUPPLEN CORRECTIO D AN EXISTING RE	N OR ADD				
										1		1	2,	5				



HSY8304 OH1U 1/19 [760-0820]



			OTORIST / NO	22-58522													
	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GEND						
	01	PARKED, UNOCCUPIED															
IST	ADDRESS:	STREET, CITY, ST	ATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE													
/ NON-MOTORISI																	
M-N	INJURIES	INJURED E TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPM					T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPI							
ON /		BY								r							
RIST	OL STATE	OPERATOR L		OFFEN	SE CHAF	RGED	LOCAL OFFENSE DES		RIPTION		CITATION NUMBER						
010	L I		1			-											
Σ	OL CLASS	ENDORSEMENT SELECT UP TO 2	DISTRACTED			DHOL / DRUG SUSPE	E CTED RIJUANA	CONDITION	ALCOHO STATUS TYPE		DRU STATUS TYPE	G TEST(S) RESULT) SELECT UP TO 4				
							IJUANA										
Ť	UNIT_#	NAME: LAST, F	FIRST, MIDDLE								ATE OF BIRTH	ı	AGE	GENDER			
	02	SIGNOF	RELLA, DYLAN							T T T	1 1 7 1	r r	T T T	М			
IST	ADDRESS:	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
TORI	13400	WARDESKA LN CAMBRIDGE OH 43725															
NON-MOTOR	INJURIES		EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	NAME, CITY)	0.0		SEATING POSITION	AIR BAG USAGE	AIR BAG USAGE EJECTION TRAPPED				
Ń		TAKEN BY							USED 99				╢───	. L _			
ORIST /	OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATION N	NUMBER				
DTOR																	
MOT	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED		DHOL / DRUG SUSPE		CONDITION	ALCOHO STATUS TYPE		DRU STATUS TYPE	G TEST(S) RESULT) SELECT UP TO 4			
	4			BY	9		LCOHOL 🔟 MAF THER DRUG	RIJUANA	1	1 1		$1 \mid \bot$					
- 1	UNIT #	NAME: LAST, F				I HER DRUG				ATE OF BIRTH	1		GENDER				
	onr "	NAME: CAST, I								5			AUL	ULIDER			
ЗT		STREET, CITY, ST	ATE. ZIP														
FORI		, ,															
NON-MOTORI	INJURIES		EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	SEATING POSITION AIR BAG USAGE EJECTION TRAPPE							
NON	r	TAKEN By							USED			m	in i	т 1			
IST /	OL STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHAR					OFFENSE DESC	RIPTION		CITATION N	CITATION NUMBER				
TOR																	
ž	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED		DHOL / DRUG SUSPE		CONDITION	ALCOHO STATUS TYPE		DRU STATUS TYPE	G TEST(S) RESULT) SELECT UP TO 4			
				BY			LCOHOL 🔟 MAF THER DRUG	RIJUANA									
	INJU	RIES	SEATING POSITION		AIR BAG		OL CLASS	;	OL RESTRIC	TION(S) DI	IVER DISTRACT	ION	TEST STA	TUS			
	- FATAL		1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED			1 - CLASS A		1 - ALCOHOL INTERI		NOT DISTRACTED	1 - NONE GIVEN					
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY		2 - FRONT - MIDDLE	YED FRONT YED SIDE					NSES	MANUALLY OPERATING ELECTRONIC COMMUNI	ICATION 3-TES	T REFUSED T GIVEN, CON	TAMINATED				
	4 - POSSIBLE INJURY		3 - FRONT – RIGHT SIDE	ED BOTH FRONT / SIDE 4 - REGULAR CLASS				4 - FARM WAIVER		DEVICE (TEXTING, TYPI DIALING)	ING, SAM	SAMPLE / UNUSABLE					
5 - NO APPARENT INJURY		T INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	PLICABLE (OHIO = D) (MENT UNKNOWN 5 - M/C MOPED ONLY				5 - EXCEPT CLASS A	-	TALKING ON HANDS-FR COMMUNICATION DEVI	LL	4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS					
INJURED TAKEN BY			5 - SECOND - MIDDLE	9-DEPLOY	INICINI UNKN	J 4V IN	6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS	4 -	TALKING ON HAND-HEL	D UNI	UNKNOWN				
1	- NOT TRANSP /TREATED AT					JECTION OL ENDORSEMENT				N INALEEN	COMMUNICATION DEVIO OTHER ACTIVITY WITH	ALC	ALCOHOL TEST TYPE				
2	2 - EMS		(MOTORCYCLE SIDE CAR)	ECTED H - HAZMAT				8 - INTERMEDIATE RESTRICTIONS		ELECTRONIC DEVICE	1 - NOM	1 - NONE 2 - BLOOD					
	3 - POLICE 9 - OTHER / UNKNOWN		8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE		ALLY EJECTED M - MOTORCYCLE				9 - LEARNER'S PER RESTRICTIONS		PASSENGER OTHER DISTRACTION	3 - URINE					
9-0THER/UNKNOWN			10 - SLEEPER SECTION 0 - THIKD - KIGHT SIDE 10 - SLEEPER SECTION 0 - THIKD - KIGHT SIDE 3 - TOTALLY EJECTED 4 - NOT APPLICABLE								INSIDE THE VEHICLE	4 - BRE	4 - BREATH				
SAFETY EQUIPMENT OF TRUCK CAB 1 - NONE USED 11 - PASSENGER IN OTHER				-			Q - MOTOR SCOOTER		11 - LIMITED TO EMP	LOTIVILIAT	OTHER DISTRACTION O THE VEHICLE	TSIDE 5-OTHER					
	ENCLOSED		ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	TRAPPED 1 - NOTTRAPPED			R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED – OTHE 13 - MECHANICAL DE	9 - OTHER / UNKNOWN		DRUG TEST TYPE		ТҮРЕ			
3	3 - LAP BELT ONLY USED		PICK-UP WITH CAP)	ATED BY	ED BY T - DOUBLE & TRIPLETRAILERS			(SPECIAL BRAKE CONTROLS, OR O		CONDITION		1 - NONE 2 - BLOOD					
	4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM –		12 - PASSENGER IN UNENCLOSED CARGO AREA	NICAL MEAN BY	ICAL MEANS X - TANKER / HA7MAT			ADAPTIVE DEVI	CES) 1 -	APPARENTLY NORMAL		3 - URINE					
5	FORWARD FACING		13 - TRAILING UNIT		HANICAL MEANS			14 - MILITARY VEHIC 15 - MOTOR VEHICLE		PHYSICAL IMPAIRMENT EMOTIONAL (E.G., DEPRE		4 - 0THER					
6	6 - CHILD RESTRAINT SYSTEM - REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		F - FEMALE			AIR BRAKES			DRUG TEST RESULT(S)						
7 - BOOSTER SEAT			15 - NON-MOTORIST			M - MALE			16 - OUTSIDE MIRRO 17 - PROSTHETIC AID		4 - ILLNESS 5 - FELL ASLEEP, FAINTED,			1 - AMPHETAMINES			
8 - HELMET USED			99 - OTHER / UNKNOWN			U - OTHER / UNKNOWN			17 - PROSTHETICAIL 18 - OTHER		FATIGUED, ETC.		2 - BARBITURATES 3 - BENZODIAZEPINES				
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											JNDER THE INFLUENCE OF MEDICATIONS / DRUG	4	4 - CANNABINOIDS				
10 - REFLECTIVE CLOTHING			HING							1	ALCOHOL	5 - COC	5 - COCAINE 6 - OPIATES / OPIOIDS				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY										9-1	OTHER / UNKNOWN		7 - OTHER				
99	- OTHER / UNK	NOWN											ATIVE RESUL	TS			
100.000		M 1/10 1760 160							0	÷							

HSY8306 OH1M 1/19 [760-1500]