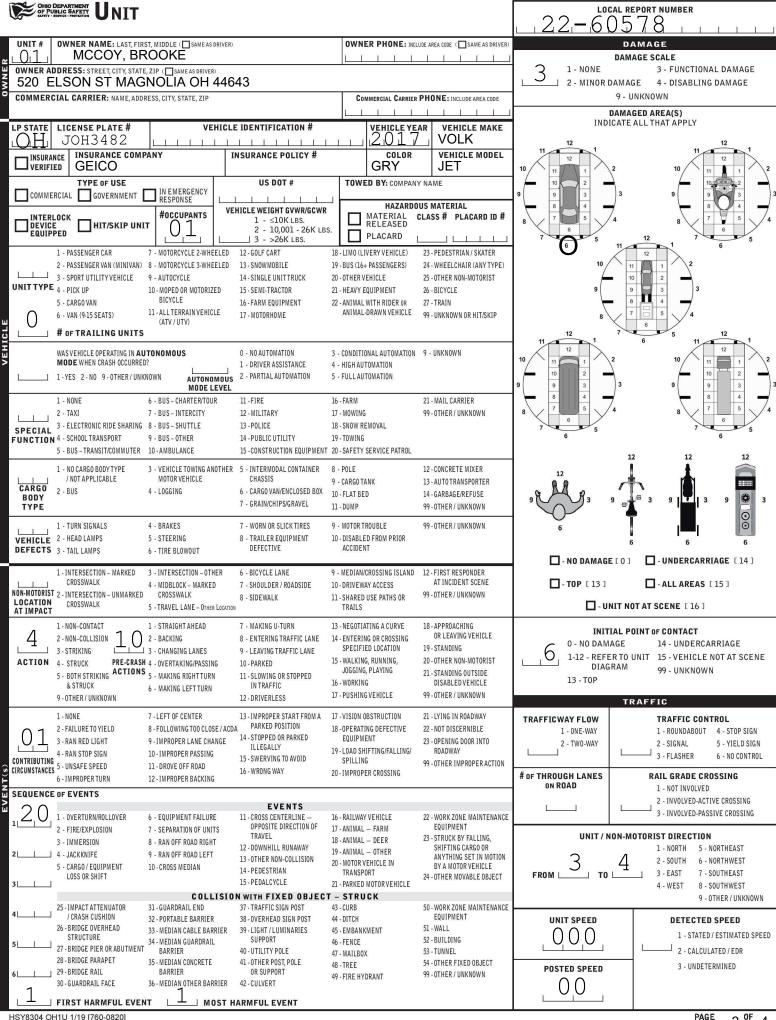
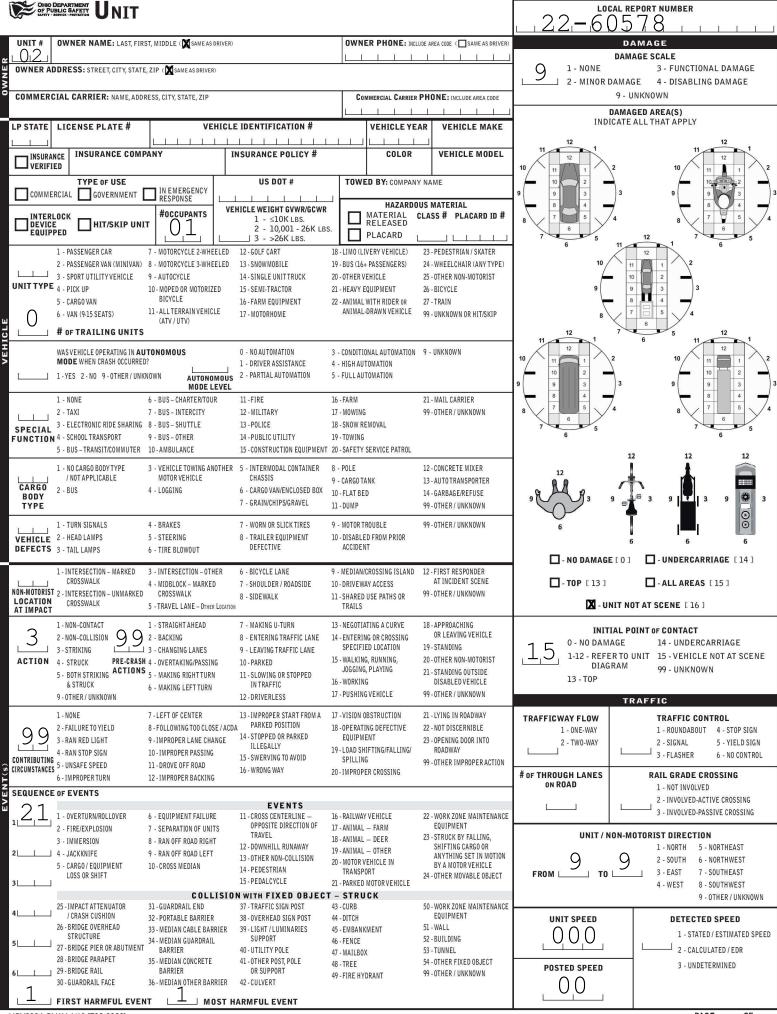
ONIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT										22 - 60578								
Definition																		
$\square \text{ Secondary CRASH} \square \text{ OH-IP} \square \text{ OTHER} \textbf{Reporting agency name*} \textbf{NCIC*} \\ \blacksquare \text{ Secondary CRASH} \square \text{ PRIVATE PROPERTY} \textbf{JACKSON TWP POLICE DEPARTME} 10,7,6,2,4$										2		(IP)LVED \SOLVED		2	02		ANIMAL	
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*											CRASH	I DATE / T				H SEVER		
7.6 3 ^{1-CITY} -VILLAGE 3-TOWNSHIP Jackson (Township of)											12062022 1347 2- SERIOUS INJURY							
											LATITUDE DECIMAL DEGREES SUSPECTED							
	ALL CR										3 - MINOR INJURY SUSPECTED							
	UMBER PREFIX	4 - WEST L - NORTH 2 - SOUTH 3 - FAST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)					RO	AD TYPE						4 - I	4 - INJURY POSSIBLE		
									5 - PROPERTY DAMAGE									
REFERENCE POINT		ROAI	ТҮРЕ]	NTERSE	CTION RE	ATED							
3 ^{1-INTERSECTION} 2-MILE POST	- ALLEY - AVENUE	HW-H LA-L	IGHWAY ANF	RD - F	OAD QUARE		WITH	IIN INTEI	RSECTION	I OR ON AP	PROACH	ł						
3 - HOUSE #	- BOULEVARD		ILEPOST		TREET	WITHIN INTERCHANGE AREA NUMBER OF APPROA							 PROACHES					
4 - WEST SR - STATE ROUTE DE - DOULL'ARD DE - DOULL'ARD MI - MILL'I OST DISTANCE FROM REFERENCE DISTANCE UNIT OF MEASURE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL CR - COURT PK - PARKWAY													RC	ADWAY				
1 - MILES TR - NUMBERED TOWNSHIP 2 - FEET ROUTE DR - DRIVE PI - PIKE WA - WAY											ROAD	WAY DIV	IDED					
2-FEET ROUTE HE - HEIGHTS PL - PLACE ROADWAY DIVIDED																		
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 2 - ON SHOULD	DER 10-	DRIVEWAY/	ALLEY ACCESS	9 BET	WEEN MOTOR	5 - BACKING					1 - NORTH				1 - DIVIDED FLUSH MEDIAN (<4 FEET)			
3 - IN MEDIAN 4 - ON ROADSII			RADE CROSSING	L J VEH	ICLES IN	6 - ANG 7 - SIDE		SAME DIRE	CTION	3 - EAST				2 - DIVIDED FLUSH MEDIAN (≥4 FEET)				
5 - ON GORE	10	TRAILS		2 - REA	R-END	8 - SIDE	SWIPE,	OPPOSITE			4 - WEST 3 - DIVIDED, DEPRESSED M 4 - DIVIDED, RAISED MEDIA							
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										(ANY TYPE)						.DIAN		
8 - OFF RAMP 99-OTHER / UNKNOWN											9 - OTHER/UNKNOWN							
WORK ZONE RELA	TED	1-1	WORK ZONE TY LANE CLOSURE	PE	4/110/10/00/00 DOD0000			N WORK 2		CONTOUR			CO	CONDITIONS			RFACE	
WORKERS PRESEN	NT		LANE CLOSORE	SSOVER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN												
LAW ENFORCEME	NT PRESENT		WORK ON SHOULI OR MEDIAN	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 2 - STRAIGHT GRADE 2 - WET				1 - CONCRETE 2 - BLACKTOP			
ACTIVE SCHOOL Z	ONE		INTERMITTENT 0	R MOVING WORK	8	4 - ACTIVITY AREA					3 - CURVE LEVEL 3 - SNOW				BITUMINOUS, ASPHALT			
	UNL	5-1	OTHER		6	5 - TERMINATION AREA					4 - CURVE GRADE 4 - ICE				3 - BRICK/BLOCK			
LIGHT (1 - DAYLIGHT	CONDITION		1 - CL	WEATH	ER 6 - SNOW	W/					9 - OTHER/UNKNOWN 5 - SAND, MUD, D OIL, GRAVEL							
2 - DAWN/DUSK				.0UDY		- SEVERE CROSSWINDS					6 - WATER (S				012 0.04.020-00			
	HTED ROADWAY DWAY NOT LIGHT	FED	3 - F0 4 - RA			3 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE					MOVING 7 - SLUSH				9 - OTHER/UNKNOW			
5 - DARK – UNK	NOWN ROADWAY		100	EET, HAIL		9 - OTHER / UNKNOWN					9 - OTHER/UNK					NOWN		
9 - 0THER / UNH	KNOWN		2															
NARRATIVE						F										, directi	te the north ion with	
UNIT #1 WAS PARKED, NOSE-IN, FACING WEST IN THE LOT OF TH ABOVE ADDRESS. UNIT #2 STRUCK UNIT #1 ON THE REAR END AI														5	V		'on the iss diagram.	
LEFT THE SCENE						-												
CCTV FOOTAGE.						-			-									
NO ATTACHMENT	ſS					-			_				_		_			
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CRASH REPORTED	DATE / TIME	1	DISPATCH DATE /	TIME			DATE / T			SC	ENE C	EARED	DATE / TIM	ЛЕ	REF	PORTTA	KEN BY	
12062022	1547	120	62022	1550	1206	202	22,	1,5,5,·	4, :	1,2,0	0,6,2	022	,16	04	—	OLICEA		
TOTAL TIME OTHER TOTAL OFFICER'S NAME*									D BY OFFI						<u> </u>	10TORIS		
GRIMIVIET I, WILLIAW								JOI	INSC			EN BADGE N	uwses*				VENT ON OR ADDITION REPORT SENT TO ODPS)	
									UHECKED	BY UFF.		BADGE N		2	10	CALOTING N	L. MIL SERT TO UDPS)	





HSY8304 OH1U 1/19 [760-0820]

			OTORIST / NO	22 - 60578														
	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDE							
	01	PARKED, UNOCCUPIED																
IST	ADDRESS:	STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE							
DTOR					I I	LI	1 1	1 1										
NON-MOTORIS	INJURIES	INJURED E TAKEN	EMS AGENCY (NAME)	INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT			E EJECTION	TRAPPED					
N NO	ī	BY										n						
ORIST	OL STATE	OPERATOR L	OFFENSE CHARGED LOCAL CODE					OFFENSE DESC	RIPTION		CITATION	ATION NUMBER						
5									AL 6011	IC TEST/S	、 、							
≥	DL CLASS	ENDORSEMENT SELECT UP TO 2		IVER STRACTED		ALCOHOL / DRUG SUSP		CONDITION	STATUS TYPE	OL TEST VALUE		JG TEST(S E RESUL) T select up to 4					
1	Ŧ								1 1	E LE		11	11 11	IP II I				
	UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER				
	02	UNKNO	WN, UNKNOWN															
	ADDRESS:	STREET, CITY, ST	ATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE									
UNKNOWN INJURED INJURED INJURED INJURED INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT SEATING POSITION AIR BAG USAGE EJECTION USED DOT-COMPLIANT OT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											1 1							
M-N	INJURIES	TAKEN	EMS AGENCY (NAME)	AGENCY (NAME)			: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT					TRAPPED				
~ L	1	BY						r										
RIST	OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAR	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATION	NUMBER					
MOTORIST	DL CLASS	ENDORSEMENT	DECTDICTION AND THE		TO 3 DRIVER ALCOHOL / DRUG SUSPECTED					ALCOH	OL TEST		JG TEST(S)				
~	UL CLASS	SELECT UP TO 2	RESTRICTION SELECT	TRACTED		LCOHOL MAI		CONDITION	STATUS TYPE		STATUS TYP		T SELECT UP TO 4					
l				BY	1		THER DRUG											
	UNIT #	NAME: LAST, F	FIRST, MIDDLE						•	DATE OF BIRTH AGE GENDEF								
	ADDRESS:	I S STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE							
010							<u> </u>	<u> </u>										
NON-MOTORI	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			AIR BAG USAG	E EJECTION	TRAPPED				
< L	OL STATE													ر <u>ا</u>				
ORIS	UL STATE	UPERATUR L	OFFENSE CHARGED LOCAL OFFE				OFFENSE DESC	CRIPTION CITATION NUMBER										
MOT	DL CLASS	J ENDORSEMENT RESTRICTION SELECT UP T			JPT03 DRIVER ALCOHOL / DRUG SUSPECTED				CONDITION	ALCOHOL TEST			DRUG TEST(S)					
		SELECT UP TO 2		DIS	STRACTED		LCOHOL MAI	RIJUANA		STATUS TYPE	VALUE	STATUS TYP	E RESUL	T SELECT UP TO 4				
l]	டாடா		L L]	01	THER DRUG	0	ĭ			1						
1	INJU FATAL	RIES	SEATING POSITION 1 - FRONT - LEFT SIDE	1 - NOT DE	AIR BAG		OL CLASS 1 - CLASS A	5	OL RESTRIC		RIVER DISTRACT		TEST STA	TUS				
2 - SUSPECTED SERIOUS INJURY		SERIOUS INJURY	(MOTORCYCLE DRIVER)	ED FRONT 2 - CLASS B				2 - CDL INTRASTAT		- MANUALLY OPERATING	AN 2-TE	2 - TEST REFUSED						
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY			2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	5- UEPLUTE			3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	ELECTRONIC COMMUNI DEVICE (TEXTING, TYPI	INC 2-10	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
5 - NO APPARENT INJURY			4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	PLICABLE	NT/ SIDE	(0HI0 = D)		5 - EXCEPT CLASS	A BUS 3	DIALING) -TALKING ON HANDS-FR	EE .	4 - TEST GIVEN, RESULTS KNOWN						
INJURED TAKEN BY			5 - SECOND - MIDDLE	OWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		COMMUNICATION DEVIO - TALKING ON HAND-HEL	UNKNOWN								
	1 - NOT TRANSPORTED /TREATED AT SCENE		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	JECTION				7 - EXCEPT TRACTO	R-TRAILER	COMMUNICATION DEVI		ALCOHOL TEST TYPE						
2	2 - EMS		(MOTORCYCLE SIDE CAR) 1 - NOT EJE							LICENSE 5	- OTHER ACTIVITY WITH ELECTRONIC DEVICE	1 - N	1 - NONE					
3 - POLICE		Noun	O THIDD DICHT CIDE			LLY EJECTED M - MOTORCYCLE					- PASSENGER - OTHER DISTRACTION		2 - BLOOD 3 - URINE					
9 - OTHER / UNKNOWN		NUWN	10 - SLEEPER SECTION 4 - NOT APPI							LIGHT ONLY	INSIDE THE VEHICLE		4 - BREATH					
SAFETY EQUIPMENT OF TRUCK CAB 1 - NONE USED 11 - PASSENGER IN OTHER			Q - MOTOR SCOOTER					11 - LIMITED TO EMP 12 - LIMITED – OTHE	Lonnen	- OTHER DISTRACTION OF THE VEHICLE	UTSIDE 5 - 01	5 - OTHER						
	2 - SHOULDER BELT ONLY USED (NO		ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRAPPED			R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	13 - MECHANICAL DE	VICES 9 - OTHER / UNKNOWN			DRUG TEST TYPE 1-NONE					
	3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED		PICK-UP WITH CAP) 2 - EXTRICATE 12 - PASSENGER IN UNENCLOSED MECHANIC			TED BY T - DOUBLE & TRIPLE TRAILERS			(SPECIAL BRAKE CONTROLS, OR O	THER 💻			2 - BL00D					
5 - CHILD RESTRAINT SYSTEM -		AINT SYSTEM -	CARGOAREA	Y - TANKER / HAZMAT				ADAPTIVE DEVI	-	- APPARENTLY NORMAL • PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER						
6	FORWARD FACING 6 - CHILD RESTRAINT SYSTEM -		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	F - FEMALE			15 - MOTOR VEHICLE AIR BRAKES					DRUG TEST RESULT(S)						
	REAR FACING		(NON-TRAILING UNIT) 15 - NON-MOTORIST	F - FEMALE M - MALE			16 - OUTSIDE MIRRO	R 4-	4 - ILLNESS			1 - AMPHETAMINES						
7 - BOOSTER SEAT 8 - HELMET USED			99 - OTHER / UNKNOWN			U - OTHER / UNKNOWN				5-	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES				
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			D						18-OTHER		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			3 - BENZODIAZEPINES 4 - CANNABINOIDS				
10 - REFLECTIVE CLOTHING											/ALCOHOL	5 - 00	5 - COCAINE					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY										9 - OTHER / UNKNOWN			6 - OPIATES / OPIOIDS 7 - OTHER					
99	OTHER/UNK	NOWN											EGATIVE RESU	LTS				
1.001	(0000 0114)	M 1/10 1760 160																

HSY8306 OH1M 1/19 [760-1500]