| OHIO DEPARTMENT TRAFFIC CRASH   |   | 22-63928   |   |   |   |                                       |  |  |  |  |  |
|---|---|--|---|---|---|---------------------------------------|--|--|--|--|--|
| PHOTOSTAKEN HON-2 WON-3   | LOCAL INFORMATION   |  |   |   |   |                                       |  |  |  |  |  |
| CECONDARY CRACH   | REPORTING AGENCY NAME*  JACKSON TWP POI   | HIT/SKIP 1 - SOLVED L 2 - UNSOLVED                   |   |   |   |                                       |  |  |  |  |  |
| COUNTY* LOCALITY* LOCATION: CITY                                      |   | 1 - SOLVED   |   |   |   |                                       |  |  |  |  |  |
| 76 3 2-VILLAGE Jackson (  | 2 - SERIOUS INJURY  |  |   |   |   |                                       |  |  |  |  |  |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST           | LATITUDE DECIMAL DEGREES SUSPECTED  3 - MINOR INJURY  |  |   |   |   |                                       |  |  |  |  |  |
| 4-WEST  | REFERENCE ROAD NAME (ROAD,  | ). MILEPOST. HOUSE #)                                | ROAD TYPE                               | LONGITUDE DE  | SUSPECTED 4-INJURY POSSIBLE             |                                       |  |  |  |  |  |
| 2 - SOUTH<br>3 - EAST   | 2905  | ,  |   |   |   | 5 - PROPERTY DAMAGE<br>ONLY           |  |  |  |  |  |
| REFERENCE POINT DIRECTION   | ROUTE TYPE  | ROAD T   | YPE                                     |   | INTERSECTION RELAT                      |                                       |  |  |  |  |  |
| 2 MILE POST 2 COUTH   |   | L - ALLEY HW - HIG<br>V - AVENUE LA - LAN            |   | WITHIN INTERSECTION OR ON APPROACH  |   |                                       |  |  |  |  |  |
| 3- HOUSE # 3- EAST  | STATE ROUTE BL  | L - BOULEVARD MP - MIL                               | EPOST ST - STREET                       | WITHIN INTERCHANGE AREA NUMBER OF APPROACHES  |   |                                       |  |  |  |  |  |
| FROM REFERENCE UNIT OF MEASURE  | NUMBERED COUNTY ROUTE CT  | R - CIRCLE OV - OVA<br>Γ - COURT PK - PAR            |   | ROADWAY   |   |                                       |  |  |  |  |  |
|   | ROUTE I   | R - DRIVE PI - PIKI<br>E - HEIGHTS PL - PLA          |   | ROADWAY DIVIDED   |   |                                       |  |  |  |  |  |
| LOCATION OF FIRST HARMFUL EVENT                                       |   | NNER OF CRASH COLLIS                                 |   | DIRECTION OF TRAVEL MEDIAN TYPE   |   |                                       |  |  |  |  |  |
| 1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY/           | ALLEY ACCESS 9 BET  | T COLLISION 4 - REAR-<br>TWEEN 5 - BACKII<br>O MOTOR | NG                                      | 1 - NORTH<br>2 - SOUTH  | ED FLUSH MEDIAN<br>EET )                |                                       |  |  |  |  |  |
| 3-IN MEDIAN 11-RAILWAY GF<br>4-ON ROADSIDE 12-SHARED US               | RADE CROSSING L - VEH   | HICLES IN 6 - ANGLE                                  | WIPE, SAME DIRECTION                    | 3 - EAST<br>4 - WEST  | ( ≥4 FE                                 | 2 - DIVIDED FLUSH MEDIAN<br>(≥4 FEET) |  |  |  |  |  |
| 5 - ON GORE TRAILS 6 - OUTSIDETRAFFIC WAY 13-BIKE LANE                | 2 - REA<br>3 - HEA  |  | WIPE, OPPOSITE DIRECTION  / UNKNOWN     | 3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN   |   |                                       |  |  |  |  |  |
| 7 - ON RAMP 14-TOLL BOOTH<br>8 - OFF RAMP 99-OTHER / UNI              |   |  |   | (ANYTYPE)<br>9 - OTHER/UNKNOWN  |   |                                       |  |  |  |  |  |
| WORK ZONE RELATED   | WORK ZONE TYPE  | LOCATION OF CRA                                      | ASH IN WORK ZONE                        | CONTOUR   | CONDITIONS                              | SURFACE                               |  |  |  |  |  |
| WORKERS PRESENT   | ANE CLOSURE<br>ANE SHIFT/CROSSOVER  | 1 - BEFORE<br>WARNIN                                 | THE 1ST WORK ZONE<br>IG SIGN            |   | _9_                                     | _   _9                                |  |  |  |  |  |
| T LAW ENCORCEMENT PRESENT   3-V                                       | VORK ON SHOULDER<br>OR MEDIAN   | 2-ADVANC   | E WARNING AREA<br>FION AREA             |   | 1 - DRY<br>2 - WET                      | 1 - CONCRETE                          |  |  |  |  |  |
| 4 - I   | NTERMITTENT OR MOVING WORK  | 9000   | Y AREA<br>ATION AREA                    | 2 - STRAIGHT GRADE 3 - CURVE LEVEL  | 2 - BLACKTOP,<br>BITUMINOUS,<br>ASPHALT |                                       |  |  |  |  |  |
| LIGHT CONDITION   | WEATH   |  | ALL | 4 - CURVE GRADE   | 4 - ICE                                 | 3 - BRICK/BLOCK                       |  |  |  |  |  |
| 9 1-DAYLIGHT<br>2-DAWN/DUSK   | 1-CLEAR   | 6 - SNOW   |   | 9 - OTHER/UNKNOWN   | 5 - SAND, MUD, DIRT,<br>OIL, GRAVEL     | 4 - SLAG, GRAVEL,<br>STONE            |  |  |  |  |  |
| 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY                              | 2 - CLOUDY<br>3 - FOG, SMOG, SMOKE  | 7 - SEVERE CROSSW<br>E 8 - BLOWING SAND, S           |   |   | 5 - DIRT                                |                                       |  |  |  |  |  |
| 4 - DARK – ROADWAY NOT LIGHTED<br>5 - DARK – UNKNOWN ROADWAY LIGHTING | 9 - FREEZING RAIN (<br>99 - OTHER / UNKNO   | OR FREEZING DRIZZLE<br>NN                            |   | 9 - OTHER/UNKNOWN   |   |                                       |  |  |  |  |  |
| 9 - OTHER / UNKNOWN   | 5 - SLEET, HAIL   |  |   |   | 9 - OTHER/UNKNOWN                       |                                       |  |  |  |  |  |
| NARRATIVE   |   | - 1  | 1 1 1 1 1                               |   | 1' 1' A                                 | Indicate the north direction with     |  |  |  |  |  |
| UNIT 1 STATED THAT WHILE THEY WE MARKED PARKING SPOT. UNIT 2 WAS      |   |  |   |   |   | an "N" on the compass diagram.        |  |  |  |  |  |
| PARKING SPOT AND THE VEHICLES BA                                      | ACKED INTO EACH OTHE  | ER.  |   |   |   | _                                     |  |  |  |  |  |
| UNIT 2 STATED THAT THEY WERE BAC                                      |   |  |   |   |   | _                                     |  |  |  |  |  |
| UNIT 2 STATED THAT BEFORE HEY CO                                      |   |  |   |   |   |                                       |  |  |  |  |  |
|   |   | -  |   |   |   |                                       |  |  |  |  |  |
| CONFLICTING STATEMENTS.   |   | -  |   |   |   | -                                     |  |  |  |  |  |
| LF.   |   | -  |   |   |   |                                       |  |  |  |  |  |
|   |   |  |   |   |   |                                       |  |  |  |  |  |
|   |   |  |   |   |   |                                       |  |  |  |  |  |
|   |   |  |   |   |   |                                       |  |  |  |  |  |
|   |   |  |   |   |   |                                       |  |  |  |  |  |
| CRASH REPORTED DATE / TIME  | DISPATCH DATE / TIME  | ARRIVAL DA   |   | SCENE CLEARED D   | DATE / TIME                             | REPORT TAKEN BY                       |  |  |  |  |  |
|   | 22022   1739  | 1222202  | 2   1, 7, 5, 5,                         | 1222022   | 1830                                    | <b>X</b> POLICE AGENCY                |  |  |  |  |  |
| TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTI       | arrange and the second |  | CHECKED BY OFF                          | FICER'S NAME*   |   |                                       |  |  |  |  |  |
|   | RICHARDSON,   | ANTHONY  ADGE NUMBER*                                |   | ON, STEVEN  ED BY OFFICER'S BADGE NUMBER*  SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPYS.) |   |                                       |  |  |  |  |  |
| 0 0 5   | 1 OFFICER'S BA  | , , 4 ,  | 1                                       |   | 2 , 2                                   |                                       |  |  |  |  |  |

J FIRST HARMFUL EVENT

MOST HARMFUL EVENT

| OF PUBLIC SAFETY MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST    |  |  |                                  |   |  | 22-63928   |  |   |  |   |  |                                      |                            |                |               |  |
|--|--|--|----------------------------------|---|--|--|--|---|--|---|--|--------------------------------------|----------------------------|----------------|---------------|--|
| UNIT #   | 0.1  |  |                                  |   |  |  |  |   | DATE OF BIRTH AGE GEND AGE F                         |   |  |                                      |                            |                | GENDER<br>F   |  |
| ADDRES   |  |  |                                  |   |  |  |  |   |  | CONTACT PHONE - INCLUDE AREA CODE                   |  |                                      |                            |                |               |  |
| INJURIE  | INJURIES INJURED   EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   SAFETY EQUIPMENT                  |  |                                  |   |  |  |  | SAFETY EQUIPMENT                                  |  |   | SEATING POSITION                                   | AIR BAG                              | USAGE                      | EJECTION       | TRAPPED       |  |
| NON  | TAKEN<br>BY  | .N   |                                  |   |  |  |  | USED 99   |  | COMPLIANT<br>ELMET                                  | 01   | . 1                                  |                            | . 1            | 1 ,           |  |
| ADDREST 1300 INJURIE:  |  |  |                                  | OFFEN   | OFFENSE CHARGED LOCAL OFF                          |  |  | OFFENSE DESC                                      | DESCRIPTION  |   |  | CITATION NUMBER                      |                            |                |               |  |
| OL CLAS  |  |  |                                  |   |  |  |  |   |  |   | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO       |                                      |                            |                |               |  |
| 4  | SELECT UP TO 2   |  | BY                               | TRACTED   | =  | LCOHOL   MAF<br>THER DRUG                                  | RIJUANA                                    | 1   | 1 1  | 1   |  | TATUS 1                              | $\overset{\text{TYPE}}{1}$ | III II         | II II I       |  |
| UNIT #   | NAME: LAST, F  | FIRST, MIDDLE                                  |                                  |   |  |  |  | 1,  |  |   | E OF BIRTH   |                                      |                            | AGE            | GENDER        |  |
| 02   | GARST,   | ALICE C  |                                  |   |  |  |  | ,0820194  |  |   | 94,8   | i i                                  |                            | 74             | LF.           |  |
| ADDRES   | S: STREET, CITY, ST  | ATE, ZIP                                       |                                  |   |  |  |  |   | CONTAC   | T PHONE   | - INCLUDE AREA C                                   | ODE                                  |                            |                |               |  |
| 6414   | COLLEGE  | ST SW NAVARR                                   | E OH 4                           | 4662  |  |  |  |   |  |   | 1 1  | 1 1                                  | 1                          | 1              |               |  |
| ADDRES 6414  INJURIE:  L X X   | S INJURED TAKEN  | D EMS AGENCY (NAME)                            |                                  |   |  |  |  | SAFETY EQUIPMENT USED 9                           | T DOT-COMPLIANT SEATING POSITI                       |   |  | AIR BAG                              | USAGE                      | EJECTION       | TRAPPED       |  |
| OL STATI   | E OPERATOR L   | ICENSE NUMBER                                  | OFFENSE CHA                      |   |  | RGED   | LOCAL<br>CODE                              | OFFENSE DESC                                      | RIPTION  |   | CITA   |                                      |                            | TATION NUMBER  |               |  |
| OL CLAS  | S ENDORSEMENT  | RESTRICTION SELECT                             |                                  | VER   | ALC  | OHOL / DRUG SUSPE  | CTED                                       | CONDITION   |  | COHOL   |  |                                      |                            | TEST(S         |               |  |
| 4  | SELECT UP TO 2   |  | DIS                              | TRACTED   |  | LCOHOL MAF   | RIJUANA                                    | 1   | STATUS   | 1   | VALUE  | STATUS                               | TYPE                       | RESULI         | SELECT UPTO 4 |  |
|  |  |  |                                  |   | 0  | THER DRUG  |  |   | السا   | •   |  |                                      |                            |                |               |  |
| UNIT #   | NAME: LAST, F  | FIRST, MIDDLE                                  |                                  |   |  |  |  |   |  | DAI   | E OF BIRTH   |                                      |                            | AGE            | GENDER        |  |
| ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE |  |  |                                  |   |  |  |  |   |  |   |  |                                      |                            |                |               |  |
| ADDRES   |  | ,  |                                  |   |  |  |  |   |  |   | I I  | 1 1                                  |                            | 9              | 1 1           |  |
| INJURIE:   |  | EMS AGENCY (NAME)                              |                                  | INJURED   | TAKEN TO   | : MEDICAL FACILITY   | (NAME, CITY)                               |   | DOT (  |   | SEATING POSITION                                   | AIR BAG                              | USAGE                      | EJECTION       | TRAPPED       |  |
| NON  | TAKEN<br>BY  |  |                                  |   |  |  |  | USED  |  | ELMET   |  | d                                    | I                          | 1 1            | L I           |  |
|  | TE OPERATOR LICENSE NUMBER OFFENSE   |  |                                  | SE CHAF   | RGED LOCAL OFFENSE DESC                            |  |  | RIPTION C   |  |   | CITAT  | CITATION NUMBER                      |                            |                |               |  |
| OL STATI   | ے ا  |  |                                  |   |  |  |  |   |  |   |  |                                      |                            |                |               |  |
| OL CLASS ENDORSEMENT SELECT UP TO 2                                  |  | RESTRICTION SELECT UP TO 3 DRIV                |                                  | RACTED -  |  | E <b>CTED</b><br>RIJUANA                                   | CONDITION                                  | -   | TYPE   |   | STATUS   | TYPE                                 | RESULT                     | SELECT UP TO 4 |               |  |
|  |  |  | "                                | 1   | =  | THER DRUG  | MOUNT                                      | l <sub>T</sub>                                    | l 110  |   |  | ı ılı                                | i                          | di m           |               |  |
| IN.  | JURIES   | SEATING POSITION                               |                                  | AIR BAG   |  | OL CLASS   | 5  | OL RESTRIC  | TION(S)  |   | ER DISTRACT  | TION                                 | T                          | EST STA        |               |  |
| 1 - FATAL  | TO CEDIOUC IN HIDY   | 1 - FRONT – LEFT SIDE<br>(MOTORCYCLE DRIVER)   | 1 - NOT DEF                      |   |  |  | 1 - ALCOHOL INTER<br>2 - CDL INTRASTAT     |   |  |   |  | 1 - NONE GIVEN GAN 2 - TEST REFUSED  |                            |                |               |  |
|  | 2 - SUSPECTED SERIOUS INJURY 2 - DEPLU   |  | 3 - DEPLOY                       |   |  |  | 3 - CORRECTIVE LENSES                      |   | ELE  | ELECTRONIC COMMUNICATIO<br>DEVICE (TEXTING, TYPING, |  | ON 3-TEST GIVEN, CONTAMINATED        |                            |                |               |  |
|  | 4 SECOND LEFT SIDE   |  |                                  | ED BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = D) |  |  | 4 - FARM WAIVER                            | DIALING)  |  |   | SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN |                                      |                            |                |               |  |
| 5 - NO APPAR   | (MOTORCYCLE PASSENGER)  9 - DEPLOY   |  | LIVADLE E M/C MODED ONLY         |   |  | 5 - EXCEPT CLASS   |  | 3 - TALKING ON HANDS-FREE<br>COMMUNICATION DEVICE |  |   | 5 - TEST GIVEN, RESULTS                            |                                      |                            |                |               |  |
| INJURE<br>1-NOTTRAN  | D TAKEN BY   | 5 - SECOND – MIDDLE<br>6 - SECOND – RIGHT SIDE |                                  |   |  | 6 - NO VALID OL  |  | & CLASS B BUS<br>7 - EXCEPT TRACTO                |  |   | KING ON HAND-HEL                                   |                                      |                            | NOWN           |               |  |
| /TREATED   | /TREATED AT SCENE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |  | OL ENDORSEMENT 8-INTERMEDIA      |   |  | 8 - INTERMEDIATE   |  | AN 1-NONE   |  |   |  |                                      |                            |                |               |  |
| 2 - EMS<br>3 - POLICE  | - ENIO MIDDLE  |  |                                  |   |  | RESTRICTIONS  9 - LEARNER'S PER                            | ELECTRONIC DEVICE<br>6 - PASSENGER         |   |  | 2 - BL00D   |  |                                      |                            |                |               |  |
|  | 9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY   |  |                                  |   |  | RESTRICTIONS   |  | 7 - OTHER DISTRACTION<br>INSIDE THE VEHICLE       |  |   | 3 - URINE<br>4 - BREATH                            |                                      |                            |                |               |  |
| SAFETY EQUIPMENT  10 - SLEEPER SECTION OF TRUCK CAB  4 - NOT APPL    |  |  | LICADLE N-TANKER                 |   |  | 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT   |  | 8 - OTH   | 8 - OTHER DISTRACTION OUTSIDE                        |   |  |                                      |                            |                |               |  |
|  | ENCLOSED CARGO AREA  |  |                                  | RAPPED  | PPED R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH |  |  | 9 - OTHER / LINKNOWN                              |  |   |  | DRUG TEST TYPE                       |                            |                |               |  |
|  | 2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAF<br>3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA |  |                                  | TED BY SPECIAL                                    |  |  | 13 - MECHANICAL D<br>(SPECIAL BRAK         | MKES, HAND  |  |   |  | 1 - NONE                             |                            |                |               |  |
| 4 - SHOULDEI   | 4- SHOULDER & LAP BELL USED TE TAGETHER IN ONE HOLDER  |  | VICAL MEANS  X - TANKER / HA7MAT |   |  | CONTROLS, OR OTHER<br>ADAPTIVE DEVICES)                    |  | CONDITION  1 - APPARENTLY NORMAL                  |  |   | 2 - BLOOD<br>3 - URINE                             |                                      |                            |                |               |  |
| 5 - CHILD RESTRAINT SYSTEM -   |  | 3 - FREED I<br>NON-ME                          | ECHANICAL MEANS  GENDER          |   |  | 14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT |  | 2 - PHYSICAL IMPAIRMENT                           |  | T   | 4 - OTHER  |                                      |                            |                |               |  |
|  | 6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)   |  |                                  | F-FEMALE  |  |  | AIR BRAKES                                 |   | 3 - EMOTIONAL (E.G., DEPRESSED,<br>ANGRY, DISTURBED) |   |  | DRUG TEST RESULT(S)                  |                            |                |               |  |
|  | 7 - BOOSTER SEAT 15 - NON-MOTORIST   |  |                                  | M - MALE  |  |  | 16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID |   | 4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED,             |   |  | 1 - AMPHETAMINES                     |                            |                |               |  |
| 8 - HELMET USED 99 - OTHER / UNKNOWN                                 |  |  | U - OTHER / UNKNOWN              |   |  | 18 - OTHER   |  | FATIGUED, ETC.                                    |  |   | 2 - BARBITURATES 3 - BENZODIAZEPINES               |                                      |                            |                |               |  |
| (ELBOW, K  | 9 - PROTECTIVE PADS USED<br>(ELBOW, KNEES, ETC.)   |  |                                  |   |  |  |  |   |  | 0F N  | 6 - UNDER THE INFLUENCE<br>OF MEDICATIONS / DRUGS  |                                      | 4 - CANNABINOIDS           |                |               |  |
|  | 10 - REFLECTIVE CLOTHING<br>11 - LIGHTING – PEDESTRIAN   |  |                                  |   |  |  |  |   | /ALCOHOL<br>9-OTHER/UNKNOWN                          |   |  | 5 - COCAINE<br>6 - OPIATES / OPIOIDS |                            |                |               |  |
| / BICYCLE ONLY   |  |  |                                  |   |  |  |  |   |  | 7 - OTHER   |  |                                      |                            |                |               |  |
| 99 - OTHER / U   | NKNUWN   |  |                                  |   |  |  |  |   |  |   |  |                                      | 8 - NEG                    | ATIVE RESUI    | LTS           |  |

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