OHIO DEPARTMENT TRAFFIC CRASH	REPORT *DENOTES MA	ANDATORY FIELD FOR SU	PPLEMENT REPORT		OCAL REPORT NUM	BER*						
PHOTOS TAKEN OH-2 OH-3	43-04	4982	<u> </u>									
SECONDARY CRASH OH-1P OTHER X PRIVATE PROPERTY	OH-1P OTHER REPORTING AGENCY NAME* NCIC* HIT/SKIP NUMBER OF UNITS UNIT IN ERROR											
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP* CRASH DATE / TIME* _ CRASH SEVERITY												
76 3 2-VILLAGE Jackson (☐ 2 - SERIOUS INJURY									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	LATITUDE DE	CIMAL DEGREES	SUSPECTED 3 - MINOR INJURY									
2 4-WEST	SUSPECTED LONGITUDE DECIMAL DEGREES 4-INJURY POSSIBLE											
2 - SOUTH 3 - EAST	_	ECIMAL DEGREES	5 - PROPERTY DAMAGE									
REFERENCE POINT DIRECTION		INTERSECTION REL	ONLY ATED									
2 MILE POST 2 COUTU	INTERSTATE ROUTE(TP) AL FEDERAL US ROUTE AV	VAY RD - ROAD SQ - SQUARE		RSECTION OR ON APP	SAVVA MARGON							
3 - HOUSE # 3 - EAST 4 - WEST SR -	POST ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES										
DISTANCE DISTANCE CR - FROM REFERENCE UNIT OF MEASURE	TE - TERRACE WAY TL - TRAIL	ROADWAY										
FROM REFERENCE UNIT OF MEASURE 1 - MILES 2 - FEET L												
LOCATION OF FIRST HARMFUL EVEN	2000	MEDIAN TYPE										
9 - CROSSOVER 2 - ON SHOULDER 9 - CROSSOVER 10 - DRIVEWAY/	ALLEY ACCESS 6 BET	COLLISION 4 - REAR-TO TWEEN 5 - BACKING D MOTOR		1 - NORTH 2 - SOUTH	(< 4 F	ED FLUSH MEDIAN FEET)						
4 - ON ROADSIDE 12-SHARED US		HICLES IN 6-ANGLE ANSPORT 7-SIDESW	PE, SAME DIRECTION	3 - EAST 4 - WEST	(≥4 F	ED FLUSH MEDIAN EET)						
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REA 3 - HEA		PE, OPPOSITE DIRECTION UNKNOWN		4 - DIVID	ED, DEPRESSED MEDIAN ED, RAISED MEDIAN						
7 - ON RAMP 14-TOLL BOOTH (ANY TYPE) 8 - OFF RAMP 99-OTHER / UNKNOWN 9 - OTHER/UNKNOWN												
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRAS	H IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE						
WORKERS PRESENT	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE T WARNING	HE 1ST WORK ZONE SIGN									
	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE 3 - TRANSITI	WARNING AREA ON AREA	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,						
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY 5 - TERMINA		3 - CURVE LEVEL 3 - SNOW ASPHA								
LIGHT CONDITION	WEATH			4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAC CRAVE								
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		9-UTHER/UNKNOWN	OIL, GRAVEL	STONE						
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMOKE	7 - SEVERE CROSSWIN E 8 - BLOWING SAND, SO			6 - WATER (STANDIN MOVING)	NG, 5 - DIRT 9 - OTHER/UNKNOWN						
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR 99 - OTHER / UNKNOW		PRIZZLE 7 - SLUSH 9 - OTHER/UNKNOWN								
9 - OTHER / UNKNOWN					, omenomination	.						
NARRATIVE		- ' '		1 1 1		Indicate the north direction with						
UNIT TWO WAS PULLING AROUND TH FIL A PARKING LOT. UNIT ONE WAS II						an "N" on the compass diagram.						
MIDDLE LANE. AS UNIT TWO WAS MA OUTSIDE, UNIT ONE PULLED FORWAF						-						
UNIT ONE'S FRONT PASSENGER SIDE REAR DRIVER SIDE.	COLLIDED WITH UNIT TO	wo's				_						
MD		_										
1110		-										
		-										
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DAT	E/TIME	SCENE CLEARED I	DATE/TIME	REPORT TAKEN BY						
Approximation for the Contract of the Contract	12023 1410	01212023	ACTION CONTRACTOR IN	01212023	Facility (St. Companies)	M POLICE AGENCY						
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINIT		ANITHONY	CHECKED BY OFFI			MOTORIST						
		N, STEVEN BY OFFICER'S BADGE N	NUMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)								

99 - OTHER / UNKNOWN

3 - UNDETERMINED

POSTED SPEED

48 - TREE

49 - FIRE HYDRANT

OR SUPPORT

42 - CULVERT

29 - BRIDGE RAIL

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

BARRIER

36 - MEDIAN OTHER BARRIER

OHIO DES	Source Gaperty Motorist / Non-Motorist Motorist / Non-Motorist								23-04982							
UNIT #	NAME: LAST, FIRST, MIDDLE STRATTON, RUTH							, O	06031997 AGE GENDE 25 F					GENDER F		
ADDRESS:	STREET, CITY, ST	TREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
3810 \			V CANTON OH 44706							T PERTURA PROTECTION I TO THE TOTAL PROTECTI						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPM		DOT-Con		ON AIR B	AG USAGE	EJECTION 1	TRAPPED 1	
3810 \ 3810 \ INJURIES OL STATE **X *** OL CLASS	OPERATOR L	ERATOR LICENSE NUMBER OFFENSE CHA			SE CHAI	RGED	LOCAL CODE	OFFENSE DI	SCRIPT	RIPTION			CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED		OHOL / DRUG SUSPI		CONDITION		ALC TUS TY	OHOL TEST PE VALUE	STATUS		G TEST(S) Γ SELECT UP TO 4	
					0.	THER DRUG		L	_ _				4		ــــــــــــــــــــــــــــــــــــــ	
02 02	NAME: LAST, FIRST, MIDDLE MOBBERLEY, ELISABETH									05021997			rh	25	GENDER F	
ADDRESS:	STREET, CITY, ST		D) (A O	11.440					CO	NTACT I	PHONE - INCLUDE AREA	CODE			1	
O 3/36 I		ORT AVE SE MINE	RVAO			MEDICAL FACILITY	100000000000000000000000000000000000000	CAFETY FOUR		<u>I</u>	CEATING DOCUM	011		<u> </u>		
3736 F	TAKEN BY	EMS AGENCY (NAME)		INJURED	IAKEN IU	: MEDICAL FACILITY	(NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT SEATING PUSITION			AIR BAG USAGE EJECTION TRAPP		TRAPPED 1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DI	SCRIPT	ION	·	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED		OHOL / DRUG SUSPI		CONDITION	STA	ALC TUS TY	OHOL TEST PE VALUE	STATUS		G TEST(S	SELECT UPTO 4	
				1		THER DRUG		[1			
UNIT #	NAME: LAST, F	FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER	
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA			CODE				
010	I I							T			<u> </u>		1			
ADDRESS:	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED		DOT-COM		ON AIR B	BAG USAGE	EJECTION	TRAPPED	
OL CLASS	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE		SCRIPT	IPTION		CIT	CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2				OHOL / DRUG SUSPI	ECTED Rijuana			ALCOHOL TEST STATUS TYPE VALUE		STATUS	DRUG TE STATUS TYPE R) T SELECT UP TO 4		
			BY	j	\equiv	THER DRUG	KIJUANA	ī		I E	_ •		1			
****	IRIES	SEATING POSITION	20	AIR BAG		OL CLAS	S	OL REST			DRIVER DISTRA	CTION		TEST STA		
1 - FATAL	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL IN 2 - CDL INTRAS			1 - NOT DISTRACTED 2 - MANUALLY OPERATI	NG AN		T REFUSED		
3 - SUSPECTED		2 - FRONT – MIDDLE	3 - DEPLO			3 - CLASS C					ELECTRONIC COMMU	JNICATION	DINC 3-1E31 GIVEN, CONTAMINATED			
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE			4 - REGULAR CLASS 4 - FARM WAIVEI				DIALING)			4.TEST GIVEN RESULTS KNOWN			
MOTORCYCLE PAS		(MOTORCYCLE PASSENGER)	9 - DEPLOYMENT UNKNOWN			5 - EXCEPT CLAS 5 - M/C MOPED ONLY 6 - EXCEPT CLAS				J TALKING ON TIANDOTT			ICE 5-TEST GIVEN, RESULTS			
1-NOT TRANSPORTED 5-SECOND - MIDDLE 6-SECOND - RIGHT SIDE						6 - NO VALID OL		& CLASS B E			4 - TALKING ON HAND-H COMMUNICATION DE	N DEVICE				
/TREATED AT		7 - THIRD - LEFT SIDE	E	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRA 8 - INTERMEDI			5 - OTHER ACTIVITY WI	TH AN	1 - NON		ST TYPE	
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJ			H - HAZMAT		RESTRICTION 9 - LEARNER'S			6 - PASSENGER		2 - BL0			
	0 TUIDN DICUT CINE						RESTRICTIO	ICTIONS 7 - OTHER DISTRACTION				3 - URINE				
SAFETY F	SAFETY EQUIPMENT 10 - SLEEPER SECTION 0F TRUCK CAB 4 - NOT		4 - NOT AP	TAPPLICABLE N - TANKER 10 - L			10 - LIMITED TO DAYLIGHT ONLY INSIDE THE VEHI 11 - LIMITED TO EMPLOYMENT 8 - OTHER DISTRACT			INSIDE THE VEHICLE 8 - OTHER DISTRACTION						
1 - NONE USED	11 DACCENCED IN OTHER			RAPPED	Q - MOTOR SCOOTER 11 - LIMITED TO EN				ER THE VEHICLE							
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS,		1 - NOTTRAPPED S - SCHOOL BUS 13 -			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND			9 - OTHER / UNKNOWN		DRUG TEST TYPE 1-NONE					
3 - LAP BELT ON 4 - SHOULDER &	LY USED LAP BELT USED	12 - PASSENGER IN UNENCLOSED	2 - EXTRICATED BY MECHANICAL MEANS			T - DOUBLE & TRIPLE TRAILERS		CONTROLS, OR OTHER ADAPTIVE DEVICES)		1	CONDITION		2 - BLOOD			
5 - CHILD RESTI	RAINT SYSTEM -	CARGO AREA 13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS					14 - MILITARY VEHICLE		1 MITARENTEI HORMAE			J OMINE			
	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR		GENDER				15 - MOTOR VEHICLES WITH AIR BRAKES				PRESSED,	SSED,				
REAR FACIN	G	(NON-TRAILING UNIT) 15 - NON-MOTORIST				F - FEMALE AIR BRAKI M - MALE 16 - OUTSIDE N							DRUG TEST RESULT(S) 1-AMPHETAMINES			
7 - BOOSTER SE 8 - HELMET US		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN 17 - PROSTHE					D, 2 - BARBITURATES					
9 - PROTECTIVE	PADS USED						18 - OTHER			6 - UNDER THE INFLUENCE						
	(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING										OF MEDICATIONS / DI / ALCOHOL	TIONS / DRUGS 5 - COCAINE				
11 - LIGHTING - I	11 - LIGHTING - PEDESTRIAN										9 - OTHER / UNKNOWN			ATES / OPIOIC	S	
99 - OTHER / UNKNOWN										7 - OTHER 8 - NEGATIVE R					LTS	

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U	OCCUPANT / WITNESS ADDENDUM							23-04982						
	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDEI						
Ļ	MOBBERLEY, PENNY A								CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP 3736 RIDGEPORT AVE SE MINERVA OH 44657								INCLUDE AREA CO	DE				
00		INJURED	EMS AGENCY (NAME)		- POT 0	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
		TAKEN BY					USED Q4	DOT-COMPLIANT MC HELMET	_99_	1	1	1 .		
	UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE							E OF BIRTH		AGE	GENDER		
E	تــــــــــــــــــــــــــــــــــــــ								1 1 1		1 1 1	لــــــا		
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
000	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (NAME, CITY)	SAFETY EQUIPMENT	SEATING POSITION AIR BAG USAGE EJECTION TRAP						
	1 1	TAKEN BY					USED	DOT-COMPLIANT MC HELMET	1 1 1	1 [т 1		
	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH					
L							5							
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
000	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (NAME, CITY)	SAFETY EQUIPMENT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	1 1	TAKEN BY					USED	DOT-COMPLIANT MC HELMET	i i i	ř ř				
Г	UNIT#	NAME: LAS	T, FIRST, MIDDLE		I.			DAT	E OF BIRTH		AGE	GENDER		
_												L		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
000	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	1 1	TAKEN BY				,	USED	DOT-COMPLIANT MC HELMET	1 1 1			1 1		
		INJU	JRIES	SAFET	Y EQUIPMENT USED]	SEATING POS	ITION		AIR BAG U	SAGE			
	1 - FATA			1 - NONE US VEHICLE	ED - COCCUPANT		T – LEFT SIDE	IVFR)						
	2 - SUSPECTED SERIOUS INJURY				ER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE				YED FRONT YED SIDE					
				T ONLY USED	E 4 - DEPLOYED BO									
	5 - NU APPARENT INJURY				ER & LAP BELT USED (MOTORCYCLE PASS ESTRAINT SYSTEM – 5 - SECOND – MIDDLE			ENGER)		FRONT/SIDE 5 - NOT APPLICABLE				
					D FACING	DE 9 - DEPLOYMENT UNKNOWN								
	1 - NOTTRANSPORTED 6 - CHILD R /TREATED AT SCENE REAR FA				ESTRAINT SYSTEM – CING	CAR) EJECTION								
	2 - EMS 7 - B00STE			RSEAT		D – MIDDLE								
	3 - POLICE 8 - HELMET				USED		D – RIGHT SIDE PER SECTION (2 - PARTIA	LLY EJECT	ECTED			
	(ELBOW,				TIVE PADS USED KNEES, ETC.)		ENGER IN OTHI			Y EJECTED				
	GENDER 10 - REFLEC				TIVE CLOTHING	BUS, F	PLICABLE TRAPPI							
	M - MALE 11 - LIGHTIN / BICYCL				G – PEDESTRIAN E ONLY		ENGER IN UNE O AREA	NCLUSED	1 - NOTTRAPPED					
	U - OTHER / UNKNOWN 99 - OTHER /			UNKNOWN		LING UNIT NG ON VEHICLE	2 - EXTRICATED BY MEC				CAL			
						(NON-	TRAILING UNIT) MOTORIST		MEANS 3 - FREED	BY NON-ME	CHANIC	ΔL		
							R/UNKNOWN		MEANS					
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COL	DE L				
M									1 1			1		
S	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
MI	ADDRESS: SIRCEI, GITT, SIATE, ZIP						CONTACT PROVIDE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDE							
WITNESS														
WIT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						

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