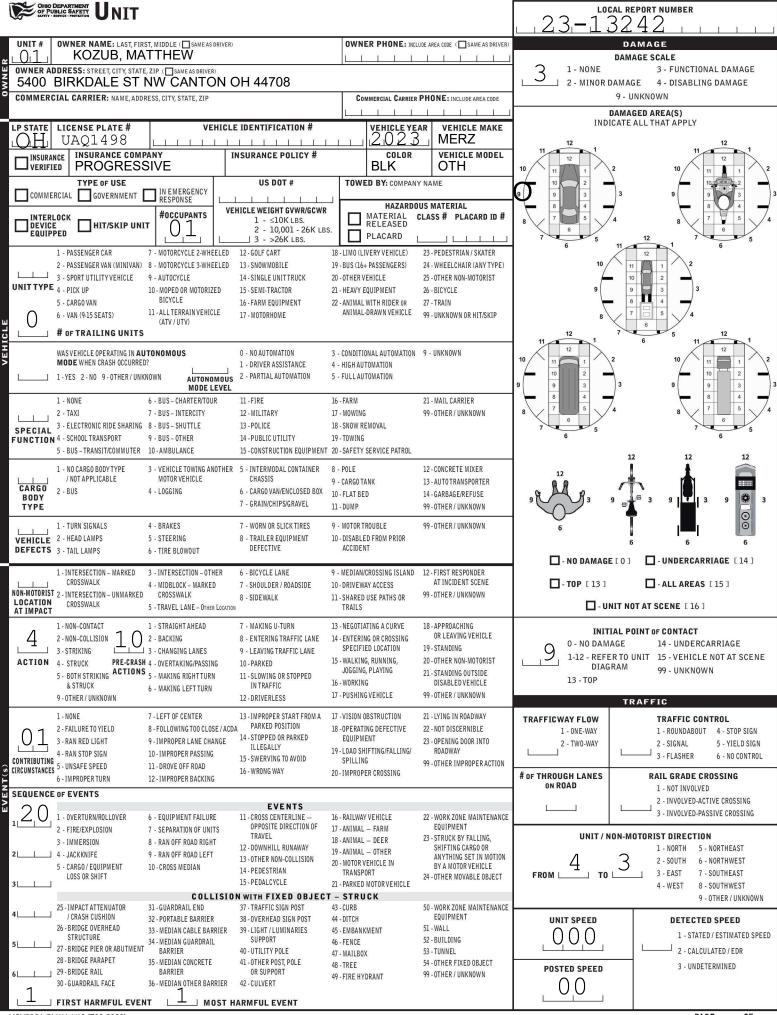
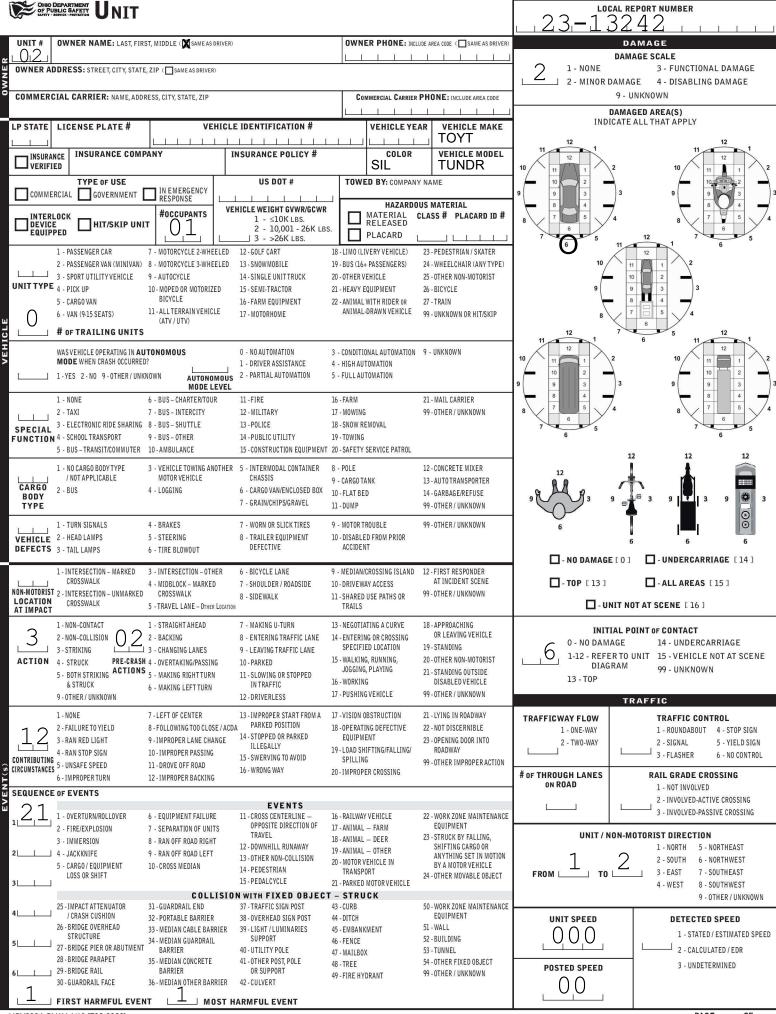
CHIEF OF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT											23 - 13242								
											<u> </u>					1 1			
$\square \text{ OH-1P} \square \text{ OTHER } \text{ Reporting agency name*} \text{ NCIC*} \\ \square \text{ SECONDARY CRASH} \square \text{ PRIVATE PROPERTY} \text{ JACKSON TWP POLICE DEPARTME } 0,7,6,2,4 \\ \square \text{ OH-1P} \square \text{ OTHER } Image of the second area of the second$										2	HIT/SH 1 - S((r of UNIT	^s 0	1.	ERROR - ANIM/ - UNKN	ΑL	
COUNTY* LOCALITY* LOCATION: CITY. VILLAGE. TOWNSHIP*											CRASH	DATE /	TIME*		_	SH SEVE		0 0014	
7.6 3 ^{1- CITY} -VILLAGE 3- TOWNSHIP Jackson (Township of)										02252023 0013 2 - SERIOUS INJURY									
									AD TYPE		LAT	TUDE DE	CIMAL DEGR	REES	2	SUSPEC		Ŷ	
	3	FULTON L						DR		1I				3 - MINOR INJURY SUSPECTED					
		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)						AD TYPE	LONGITUDE DECIMAL DEGREES						I - INJURY POSSIBLE				
	2 3 4	5725							μ.	5 - PROPERTY DAMAG									
	YPE ROAD TYPE												ONLY						
→ 1-INTERSECTION	L - ALLEY	HW-HIGHWAY RD - ROAD WITHIN INTERSECTION OR ON APPROA																	
2 - MILE POST └──── 3 - HOUSE #	V - AVENUE L - BOULEVARD	LA - L	ANE IILEPOS		SQUARE STREET	\Box			DOLLANO										
DISTANCE	R - CIRCLE	0V - 0			TERRACE									HES					
FROM REFERENCE	DISTANCE UNIT OF MEASUR 1 - MILE	E	UMBERED COUNTY ROUTE CT - COURT PK - PARKWAY TL - TRAIL UMBERED TOWNSHIP							ROADWAY									
2 - FEET ROUTE DR - DRIVE PI - PIKE WA - WAY 3 - YARDS HE - HEIGHTS PL - PLACE ROADWAY DIVIDED																			
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT										DIRECTION OF TRAVEL MEDIAN TYPE									
ON ROADWAY 9- CROSSOVER - 1- NOT COLLISION 4- REAR-TO-REA										1 - NORTH 1 - DIVIDED FLUSH MEDIA									
3 - IN MEDIAN			ALLEY ACCESS	U TW	O MOTOR	5 - BAC 6 - ANG				L		SOUTH		(<4 FEET) 2 - DIVIDED FLUSH MEDIAN					
4 - ON ROADSID	E 12-S	SHARED USI			ANSPORT	7 - SIDI	SWIPE	, SAME DIF				EAST VEST	(≥4 FEET)						
5 - ON GORE	10.5	RAILS BIKE LANE					10 100	DIRECTION	f Hewest						DEPRESSI RAISED M		IAN		
7 - ON RAMP 14-TOLL BOOTH														(ANY TYPE)					
8 - OFF RAMP 99-OTHER / UNKNOWN										9 - OTHER/UNKNOWN									
WORK ZONE RELAT	ED		WORK ZONE TY	PE	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE						CONTO	UR	CC	CONDITIONS			SURFACE		
WORKERS PRESEN	т	LANE CLOSURE 1 - BEFORE THE 1ST LANE SHIFT/CROSSOVER WARNING SIGN						K ZONE		1	1								
LAW ENFORCEMEN	TPRESENT	3-W	VORK ON SHOULDER 2 - ADVANCE WARN						REA			r level					RETE		
			MEDIAN 3 - TRANSITION ARE TERMITTENT OR MOVING WORK 4 - ACTIVITY AREA								GRADE	BITUMINOUS				S,			
ACTIVE SCHOOL ZO	NE	5 - 0	THER 5 - TERMINATION AREA							3 - CURVE LEVEL 3 - SNOW 4 - CURVE GRADE 4 - ICE						ASP	HALT		
LIGHT C	ONDITION			WEATH	HER					9 - OTHER/UNKNOWN 5 - SAND, MUD, DI					3 - BRICK/BLOCK				
1 - DAYLIGHT	- EXAMPLES AND AN AND EXAMPLES AND				1 - CLEAR 6 - SNOW								,	OIL, GRAVEL 4 - SLAG, GRAVEL, STONE				1L,	
2 - DAWN/DUSK	2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DI						ow					MOVING)			5 - DIRT				
4 - DARK – ROAD		4 - RAIN 9 - FREEZING RAIN OR FREEZING										7 - SLUS	7 - SLUSH			9 - OTHER/UNKNOWN			
5 - DARK – UNKN 9 - OTHER / UNKI		LIGHTING	5 - SLEET, HAIL 99 - OTHER / UNKNOWN										9 - 0THI	ER/UNKNO	WN				
NARRATIVE						L.	1	,			L.	1			\wedge	India	ate the I	north	
						F			_				_			J direct	tion with " on the	h	
UNIT #1 WAS PARE HOUSE PARKING L				-									V		ass diag				
HOUSE PARKING LOT, WHEN UNIT #2, WHO WAS FACING NORTH TO SOUTH, BACKED INTO THE PASSENGER SIDE SLIDING DOOR ON UI #1. THIS CAUSED VISIBLE DAMAGE TO THE VEHICLE. UNIT #2 WAS																		_	
THE HIT AND RUN									_						_				
DRIVE NW. UNIT #			<u> </u>							_									
PASSENGER SIDE	TAILLIGHT	001.				-												_	
GM						F												-	
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CRASH REPORTED D	2010.000		DATE / T			SCENE CLEARED DATE / TIME						REPORT TAKEN BY							
02252023	0013 ,	02,2,5	52023	0015	0225	202	23,	001	9	0,2,2	2,5,2	023	, Q(741				ſ	
TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY OF										ICER'S	NAME	*		<u> </u>	1	MOTORI	3T		
ROADWAY CLOSED INVESTIGATION TIME MINUTES CARVER, EMMALEE								SP	ROW						SUPPLE (CORRECTI	ON OR ADE			
0	0	2	6	OFFICER'S BADGE NUMBER*						D BY OFFICER'S BADGE NUMBER*							REPORT SENT	TO ODPS)	
	1 1 1			1	1		0		1	1	1	I			JI.				





OHIO DE OF PUBL	OHO DEPARTMENT MOTORIST / NON-MOTORIST										23-13242								
	NIT # NAME: LAST, FIRST, MIDDLE																		
											<u>12071981 41 M</u>								
2	DRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE							
0	r		44721	r		MEDICAL FACILITY		CAFETYE	OUIDMENT										
NURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY I).4		-COMPLIAN		N AIR BA	G USAGE EJECT		APPED			
L STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL				OFFEN	SE DESC	RIPTION			CITA	ATION NUMBER					
	*******			CODE															
DL CLASS	ENDORSEMENT SELECT UP TO 2	UPT03 DRI DIS	/ER TRACTED	_)HOL / DRUG SUSPE	CONDITION		A STATUS	TYPE	VALUE	STATUS	DRUG TES TYPE RES	ULT SELEC	CT UP TO 4					
			вү 🛛 🗛			LCOHOL 🔟 MAF THER DRUG													
UNIT_#	NAME: LAST, F											TE OF BIRTH			GEI	NDER			
02	UNKNO	WN, UNKNOWN								L I I I I I I I I I I I I I I I I I I I									
ADDRESS	STREET, CITY, ST.	ATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE									
010R																			
	TAKEN			INJUREDT	AKEN TO:	MEDICAL FACILITY	SAFETY EQUIPMENT					N AIR BAG USAGE EJECTION TRAPPED							
				OFFEN	E CHAR	0050				RIPTION									
OL STATE	UPERATURE	IGENJE NUMBER	OFFENSE CHARGED LOCAL CODE					UFFEN	JE DESU	KIP IIUN			ATION NUMBER						
OL CLASS	ENDORSEMENT	RESTRICTION SELECT				HOL / DRUG SUSPECTED		COND	ITION	ALCOHOL TEST			OT ATUS	DRUG TES					
	SELECT UP TO 2		DIS	RACTED		LCOHOL 🔲 MAF	RIJUANA			STATUS	TYPE	VALUE	STATUS	TYPE RES	ULT SELEC	.T UP TO 4			
				1	01	THER DRUG		L]			•	<u> </u>						
UNIT #	NAME: LAST, F	FIRST, MIDDLE						DATE OF BIRTH				AGE	GEI	NDER					
TORIS	ADDRESS: STREET, CITY, STATE, ZIP										- INCLUDE AKEA LUDE								
		EMS AGENCY (NAME)		INJUREDT	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY E	QUIPMENT		-COMPLIAN	SEATING POSITIO	N AIR BA	G USAGE EJECT	ION TRA	APPED			
NON /	TAKEN BY							USED			HELMET								
OL STATE	TATE OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL OFFENSE DES			RIPTION			CITA	TATION NUMBER					
OL CLASS	ENDORSEMENT	RESTRICTION SELECT				DHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST				DRUG TEST(S)					
UL ULASS	SELECT UP TO 2		DISTRACTED BY				RIJUANA			STATUS	TYPE	YPE VALUE S		TATUS TYPE RE		SULT SELECT UP TO 4			
	டாட	1 1 1 1 1 1 1		1	01	THER DRUG		L]	تــــــا	<u> </u>	• LT LI	<u> </u>						
INJU 1 - FATAL	JRIES	SEATING POSITION 1 - FRONT - LEFT SIDE	A 1 - NOT DEP	IR BAG		OL CLASS 1 - CLASS A	5			TION(S) LOCK DEVIC		IVER DISTRAC OT DISTRACTED	TION	TEST S	TATUS				
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYI	2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE		E ONLY		IANUALLY OPERATIN		2 - TEST REFUSED					
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 3 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE			3 - DEPLOYI 4 - DEPLOYI		E 3 - CLASS C 'H FRONT / SIDE 4 - REGULAR CLASS				RECTIVE LE // WAIVER	INSES DEVICE (TEXTIN DIALING)						VATED			
	5 - NO APPARENT INJURY (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE			(0HI0 = D)		EPT CLASS	A BUS		ALKING ON HANDS-FI	E TEAT AN(EN REALITA			KNOWN				
INJURED TAKEN BY 5 - SECOND - MIDDLE			9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY 6 - NO VALID OL						EPT CLASS / ASS B BUS	4	COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD			UNKNOWN					
	1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE /TREATED AT SCENE 7 - THIRD - LEFT SIDE		EJECTION OL ENDORSEMENT					7 - EXCEPT TRACTOR-TRAIL 8 - INTERMEDIATE LICENSE						ALCOHOL	TEST TY	YPE			
2 - EMS	2 - EMS (MOTORCYCLE SIDE CAR)		1 - NOT EJECTED			H - HAZMAT		RICTIONS	ELECTRONIC DEV										
3 - POLICE 9 - OTHER / UNI	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED			M - MOTORCYCLE P - PASSENGER		RNER'S PER	MIT 6 - PASSENGER 7 - OTHER DISTRACTIO			3 - URINE							
10 - SLEEPER SECTION SAFETY EQUIPMENT OF TRUCK CAB			4 - NOT APP			N - TANKER			LIGHT ONLY		VSIDE THE VEHICLE								
1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA			Q - MOTOR SCOOTE TRAPPED R - THREE-WHEEL				TORCYCLE		TED - OTHE	THE VEHICLE				DRUG TEST TYPE					
2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 3 - LAP BELT ONLY USED PICK-UP WITH CAP)		1 - NOT TRAPPED			S - SCHOOL BUS		HANICAL DI CIAL BRAKI		THER / UNKNOWN	1 - NONE			-						
4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOS		12 - PASSENGER IN UNENCLOSED				T - DOUBLE & TRIPLE X - TANKER / HAZMAT		ROLS, OR O TIVE DEVI		1 - A	CONDITION PPARENTLY NORMAL								
5 - CHILD RESTRAINT SYSTEM – FORWARD FACING		CARGO AREA 13 - TRAILING UNIT	Y CHANICAL MI	EANS		14 - MILI	TARY VEHI	CLES ONLY	2 - Pł	HYSICAL IMPAIRMEN	ENT 4 - OTHER								
6 - CHILD RESTRAINT SYSTEM - REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				GENDER F-FEMALE		OR VEHICLE BRAKES	S WITHOUT		MOTIONAL (E.G., DEPR IGRY, DISTURBED)				T(S)				
7 - BOOSTER SEAT		15 - NON-MOTORIST				M - MALE		SIDE MIRRO				1 - AMPHETAMINES							
8 - HELMET USED		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN	17 - PROS 18 - OTHE		FATIGUED, ETC.			3 - BENZODIAZEPINES							
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS					
10 - REFLECTIVE CLOTHING 11 - LIGHTING – PEDESTRIAN												LCOHOL THER / UNKNOWN	5 - COCAINE 6 - OPIATES / OPIOIDS						
/ BICYCLE 0 99 - OTHER / UNI														7 - OTHER 8 - NEGATIVE RESULTS					
	N 4 (40 1700 45)													0 - NEGATIVE R	LOULIS				