| OHIO DEPARTMENT TRAFFIC CRASH  |   | NDATORY FIELD FOR SUPPLE                          | LOCAL REPORT NUMBER*  |   |   |                                      |  |  |  |
|--|---|---|---|---|---|--------------------------------------|--|--|--|
| PHOTOS TAKEN OH-2 OH-3   | LOCAL INFORMATION   |   |   |   |   |                                      |  |  |  |
| SECONDARY CRASH    OH-1P   OTHER     PRIVATE PROPERTY  | REPORTING AGENCY NAME*  JACKSON TWP POL   | LICE DEPARTME (                                   | HIT/SKIP 1 - SOLVED 1 2 - UNSOLVED                          |   |   |                                      |  |  |  |
|  | Y, VILLAGE, TOWNSHIP*   | _   |   | CRASH DATE / TIME* CRASH SEVERITY   |   |                                      |  |  |  |
| Jackson (  | (Township of)   |   | 04252023 1834 5 1- FATAL LATITUDE DECIMAL DEGREES SUSPECTED |   |   |                                      |  |  |  |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST  | DRESSLER  |   | 3 - MINOR INJURY  |   |   |                                      |  |  |  |
| 4-WL31   | REFERENCE ROAD NAME (ROAD,  | MILEPOST, HOUSE #)                                | ROAD TYPE   | LONGITUDE DE  | 4 - INJURY POSSIBLE   |                                      |  |  |  |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST   | 5455  |   |   | -<br> -<br> -   |   | 5 - PROPERTY DAMAGE<br>ONLY          |  |  |  |
| REFERENCE POINT DIRECTION FROM REFERENCE   | ROUTE TYPE  | ROAD TYPE   |   |   | INTERSECTION RELAT  |                                      |  |  |  |
| 3 1-INTERSECTION 1-NORTH IR  |   | - ALLEY HW- HIGHWAY<br>- AVENUE LA - LANE         | RD - ROAD<br>SQ - SQUARE                                    | WITHIN INTE   | RSECTION OR ON APPRO  | OACH                                 |  |  |  |
| 3 - HOUSE # 3 - EAST   | - STATE ROUTE BL -  | - BOULEVARD MP - MILEPOST                         | ST - STREET   | WITHIN INTERCHANGE AREA NUMBER OF APPROACHES  |   |                                      |  |  |  |
| FROM REFERENCE UNIT OF MEASURE   | NUMBERED COUNTY ROUTE CT -  | - CIRCLE OV - OVAL<br>- COURT PK - PARKWAY        | TE - TERRACE<br>TL - TRAIL                                  | ROADWAY   |   |                                      |  |  |  |
| 1 - MILES TR -<br>2 - FEET 3 - YARDS   | R - NUMBERED TOWNSHIP ROUTE  DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE  ROADWAY DIVIDED |   |   |   |   |                                      |  |  |  |
| LOCATION OF FIRST HARMFUL EVEN   |   | NER OF CRASH COLLISION/IMI                        |   | DIRECTION OF TRAVEL MEDIAN TYPE   |   |                                      |  |  |  |
| 1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY   | ALLEY ACCESS BETV   | COLLISION 4 - REAR-TO-REAL WEEN 5 - BACKING MOTOR | ?   | 1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)  |   |                                      |  |  |  |
| 3 - IN MEDIAN 11 - RAILWAY G<br>4 - ON ROADSIDE 12 - SHARED U  | RADE CROSSING L VEHI  | ICLES IN 6-ANGLE NSPORT 7-SIDESWIPE, SA           | AME DIRECTION   | 3 - EAST 2 - DIVIDED FLUSH MEDIAN (>4 FFFT)   |   |                                      |  |  |  |
| 5 - ON GORE TRAILS   | 2 - REAR  | R-END 8 - SIDESWIPE, OF                           | POSITE DIRECTION  | 4 - WEST 3 - DIVIDED, DEPRESSED MEDIAI 4 - DIVIDED, RAISED MEDIAN                       |   |                                      |  |  |  |
| 7 - ON RAMP 14-TOLL BOOT   | Н   | D-ON 9-OTHER/UNKN                                 | OWN   | (ANY TYPE) 9 - OTHER/UNKNOWN  |   |                                      |  |  |  |
| 8 - OFF RAMP 99-OTHER/UN   |   |   |   | CONTOUR   |   | i                                    |  |  |  |
| WORK ZONE RELATED  | WORK ZONE TYPE LANE CLOSURE   | 1 - BEFORE THE 1S                                 | T WORK ZONE   | CONTOUR   | CONDITIONS  | SURFACE                              |  |  |  |
|  | LANE SHIFT/CROSSOVER<br>WORK ON SHOULDER  | WARNING SIGN<br>2 - ADVANCE WARN                  |   | 1 - STRAIGHT LEVEL  | 1 - CONCRETE  |                                      |  |  |  |
| LAW ENFORCEMENT PRESENT  | OR MEDIAN INTERMITTENT OR MOVING WORK   | 3 - TRANSITION AR 4 - ACTIVITY AREA               | EA  | 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP,  |   |                                      |  |  |  |
|  | OTHER   | 5 - TERMINATION A                                 | REA   | 3 - CURVE LEVEL   | 3 - SNOW  | BITUMINOUS,<br>ASPHALT               |  |  |  |
| LIGHT CONDITION  | WEATHE  | ER  |   | 4 - CURVE GRADE<br>9 - OTHER/UNKNOWN  | 4 - ICE<br>5 - SAND, MUD, DIRT,                                   | 3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, |  |  |  |
| 1 - DAYLIGHT<br>2 - DAWN/DUSK  | 1 - CLEAR<br>2 - CLOUDY   | 6 - SNOW<br>7 - SEVERE CROSSWINDS                 |   |   | OIL, GRAVEL   | STONE                                |  |  |  |
| 3 - DARK – LIGHTED ROADWAY   | 3 - FOG, SMOG, SMOKE  | 8 - BLOWING SAND, SOIL, DI                        |   |   | 6 - WATER (STANDING,<br>MOVING) 5 - DIRT<br>7 - SLUSH 9 - OTHER/U |                                      |  |  |  |
| 4 - DARK — ROADWAY NOT LIGHTED<br>5 - DARK — UNKNOWN ROADWAY LIGHTING  | 4 - RAIN<br>5 - SLEET, HAIL   | 9 - FREEZING RAIN OR FREE<br>99 - OTHER / UNKNOWN | ZING DRIZZLE  |   |   |                                      |  |  |  |
| 9 - OTHER / UNKNOWN  |   |   |   |   | 9 - OTHER/UNKNOWN   |                                      |  |  |  |
| NARRATIVE  |   |   |   | 1 1 1 1   | III A   | Indicate the north direction with    |  |  |  |
| UNIT #1 AND UNIT #2 WERE BOTH IN TO DRESSLER ROAD NW. UNIT #1 STATE  |   | * · · · ·   |   |   | 1 4   | an "N" on the compass diagram.       |  |  |  |
| REAR OF HER VEHICLE AS THEY WER<br>UNIT #2 STATED THAT SHE LIGHTLY 1   |   |   |   |   |   | _                                    |  |  |  |
| THERE WERE FOUR SMALL PAINT CH   | IIPS ON THE REAR OF UNI   | IT #1'S   |   |   |   |                                      |  |  |  |
| BUMPER AND UNIT #2 STATED THAT S VEHICLE WOULD BE ABLE TO CAUSE  |   |   |   |   |   |                                      |  |  |  |
| THE HEIGHT OF THE VEHICLES.  |   |   |   |   |   |                                      |  |  |  |
| GM   |   |   |   |   |   |                                      |  |  |  |
|  |   |   |   |   |   |                                      |  |  |  |
|  |   |   |   |   |   |                                      |  |  |  |
|  |   |   |   |   |   |                                      |  |  |  |
|  |   | -   |   |   |   |                                      |  |  |  |
|  |   | -   |   |   |   |                                      |  |  |  |
|  |   | F.   .   .  |   | _   _   _   _   |   |                                      |  |  |  |
| Personal Control Contr | DISPATCH DATE / TIME  | ARRIVAL DATE / TIM                                |   | SCENE CLEARED   |   | REPORT TAKEN BY                      |  |  |  |
| 04252023 1834 042  | 52023   1838  | 04252023 1  | 841 (   | 04252023  | 1912  | POLICE AGENCY  MOTORIST              |  |  |  |
| TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT  |   |   | CHECKED BY OFFI   | CER'S NAME*  DN, STEVEN  MOTORIST  SUPPLEMENT   |   |                                      |  |  |  |
|  | OFFICER'S BAD   | DGE NUMBER* 4                                     |   | BY OFFICER'S BADGE NUMBER*  (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |   |                                      |  |  |  |
|  | / <del>-</del>  <br><del>                                   </del>                                  |   |   |   |   |                                      |  |  |  |

| OHIO DEF<br>OF PUBLI<br>MATEUT - SERVI                                      | CHIO DEPARTMENT OF PUBLIC SAFETY  MOTORIST / NON-MOTORIST  |  |                                       |   |  |  | 23  | 23-26052   |  |   |   |                                    |                  |  |
|---|--|--|---------------------------------------|---|--|--|---|--|--|---|---|------------------------------------|------------------|--|
| UNIT #  | * NAME: LAST, FIRST, MIDDLE  |  |                                       |   |  |  | DATE OF BIRTH AGE GENDER                                      |  |  |   |   |                                    |                  |  |
|   | GEDEON, AVARI G  |  |                                       |   |  |  | U P -   | 09102004   18 F                                  |  |   |   |                                    |                  |  |
| 1012 F  | ress: street, city, state, zip<br>12 E BROAD ST LOUISVILLE OH 44641                              |  |                                       |   |  |  |   | CUNTAC   | CONTACT PHONE - INCLUDE AREA CODE            |   |   |                                    |                  |  |
| INJURIES  | JURIES INJURED EMS AGENCY (NAME) INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT |  |                                       |   |  |  |   | T DOT C  | OMPLIANT SEATING POSITIO                     | N AIR BAG US                                | AGE EJECTION                            | TRAPPED                            |                  |  |
| NON   | TAKEN<br>BY  |  |                                       |   |  |  |   | USED 0,4   |  | ELMET 0 1                                   | 1_1_                                    | _  1                               | 1_1_             |  |
| ADDRESS:  1012 E  INJURIES  OL STATE  *** *** *** *** *** *** *** *** *** * | 8 30 80 8  |  |                                       | RGED  | LOCAL<br>CODE  | OFFENSE DE   | CRIPTION  |  | CITATIO                                      | N NUMBER                                    |   |                                    |                  |  |
| OL CLASS  | ENDORSEMENT  | *******  IDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER ALCO |                                       |   |  | OHOL / DRUG SUSPI  | ECTED   | CONDITION  | AL   | COHOL TEST                                  |   | RUG TEST(S                         | 5)               |  |
| 02 02.100   | SELECT UP TO 2   |  |                                       | STRACTED<br>(   |  | LCOHOL MAI   |   |  | STATUS                                       | TYPE VALUE                                  | STATUS T                                | YPE RESUL                          | T SELECT UP TO 4 |  |
| UNIT #  | NAME-LAST I  |  |                                       |   |  | THER DRUG  |   | L  |  | DATE OF BIRTH                               |   | AGE                                | GENDER           |  |
| 02  | NAME: LAST, FIRST, MIDDLE HAGER, JAYNA M   |  |                                       |   |  |  |   | 060  | 12005  | r r 1                                       | 17                                      | F                                  |                  |  |
| ADDRESS:  | STREET, CITY, ST.  |  |                                       |   |  |  |   |  | CONTACT                                      | PHONE - INCLUDE AREA O                      | ODE                                     |                                    | -]               |  |
| 9332 H  | HOCKING  | ST NW MASSILL  | ON OF                                 | H 4464  | 6  |  |   |  |  |   |   |                                    |                  |  |
| ADDRESS: 9332   INJURIES  | INJURED TAKEN  | EMS AGENCY (NAME)  |                                       | INJURED   | TAKEN TO   | : MEDICAL FACILITY   | EDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 4          |  |  | OMPLIANT SEATING POSITIO                    | N AIR BAG US                            | AGE EJECTION                       | TRAPPED          |  |
|   | OPERATOR L   | ICENSE NUMBER  |                                       | OFFEN:  | SE CHAI  | RGED   | LOCAL   | OFFENSE DE                                       | CRIPTION                                     |   | CITATIO                                 | CITATION NUMBER                    |                  |  |
| OL STATE  | ******   | *  |                                       |   |  |  | CODE  |  |  |   |   |                                    |                  |  |
| ≥ OL CLASS  | ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT   |                                       | RIVER<br>STRACTED   |  | DHOL / DRUG SUSPI  |   | CONDITION  |  | COHOL TEST TYPE VALUE                       |   | YPE RESUL                          | T SELECT UP TO 4 |  |
|   |  |  | i                                     |   |  | THER DRUG  |   | L  |  |   |   |                                    |                  |  |
| UNIT #  | NAME: LAST, F  | FIRST, MIDDLE  |                                       |   |  |  |   |  |  | DATE OF BIRTH                               |   | AGE                                | GENDER           |  |
| ADDRESS:  | ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE                             |  |                                       |   |  |  |   |  | ODE  |   | ـــــــال                               |                                    |                  |  |
| TORIS   |  | ···- <i>,</i> -··  |                                       |   |  |  |   |  | I I  | I I I                                       | 1 1                                     | 1 1                                | 1 1              |  |
| ADDRESS:  | INJURED TAKEN  | EMS AGENCY (NAME)  |                                       | INJURED   | TAKEN TO   | : MEDICAL FACILITY   | (NAME, CITY)  | SAFETY EQUIPME                                   | DOT-C  | OMPLIANT SEATING POSITIO                    | N AIR BAG US                            | AGE EJECTION                       | TRAPPED          |  |
| OL STATE  | BY   |  |                                       | CE OHAI   | 2052   | LOCAL  | OFFENSE DE  | 1  | ELMET  | L   | N NUMBER                                | بسال                               |                  |  |
| OL STATE  | OPERATOR E   | RATOR LICENSE NUMBER OFFENSE CHAR                          |                                       |   | KUED   | CODE   | OFFENSE DE  | CKIPIION   |  | CITATIO                                     | N NOWIDER                               |                                    |                  |  |
| OL CLASS  |  |  | RIVER<br>STRACTED                     |   | OHOL / DRUG SUSPI                                    | -30  | CONDITION   |  | COHOL TEST<br>TYPE VALUE                     |   | RUG TEST(S                              | T SELECT UP TO 4                   |                  |  |
|   |  |  | BY                                    | ′   | $\equiv$   | LCOHOL MAI<br>THER DRUG  | RIJUANA   | ų.   | 1, 1,  |   |   |                                    |                  |  |
| INJU  | IRIES  | SEATING POSITION   |                                       | AIR BAG   |  | OL CLAS  | s   | OL RESTR   | CTION(S)                                     | DRIVER DISTRAC                              | TION                                    | TEST ST                            |                  |  |
| 1 - FATAL   | SERIOUS INJURY   | 1 - FRONT – LEFT SIDE<br>(MOTORCYCLE DRIVER)               | 1 - NOT DE                            | EPLOYED<br>YED FRONT  |  | 1 - CLASS A         1 - ALCOHOL INTER           2 - CLASS B         2 - CDL INTRASTATION |   |  |  | 1 - NOT DISTRACTED 2 - MANUALLY OPERATIN    |   | 1 - NONE GIVEN AN 2 - TEST REFUSED |                  |  |
| 3 - SUSPECTED   | 2 FRONT MIRRIE   |  |                                       |   |  |  | 3 - CORRECTIVE  |  | ELECTRONIC COMMUN<br>DEVICE (TEXTING, TYP    | IICATION 3                                  | ON 3 - TEST GIVEN, CONTAMINATED         |                                    |                  |  |
| 4 - POSSIBLE IN   | 4 CECOND LEFT CIDE   |  |                                       | BOTH FRONT / SIDE 4 - REGULAR CLASS 4 - FARM WAIVER (OHIO = D) 5 - EXCEPT CLASS |  |  |   | DIALING)   | 4.   | 4 TEST GIVEN RESULTS KNOWN                  |   |                                    |                  |  |
| 5 - NU APPAKEN  | (MOTORCYCLE PASSENGER) 9 - DEPLOYMENT LINKNO   |  |                                       | OWN   | 5 - EXCEPT CLASS 5 - M/C MOPED ONLY 6 - EXCEPT CLASS |  |   |  | 3 - TALKING ON HANDS-FI<br>COMMUNICATION DEV | KEE _                                       | CE 5 - TEST GIVEN, RESULTS              |                                    |                  |  |
| INJURED 1 - NOT TRANSP  | 4 CECOND DICHTCIDE   |  |                                       | 6 - NO VALID OL   | L & CLASS B BUS<br>7 - EXCEPT TRACTOR                |  |   | 4 - TALKING ON HAND-HE<br>COMMUNICATION DEV      | re   |   |   |                                    |                  |  |
| /TREATED AT   |  | CENE 7-THIRD-LEFT SIDE EJECTION                            |                                       |   | OL ENDORSE   | OL ENDORSEMENT 8- INTERMEDIATE   |   |  | 5 - OTHER ACTIVITY WITH                      | ALCOHOL TEST TYPE                           |   |                                    |                  |  |
| 2 - EMS<br>3 - POLICE   |  | (MOTORCYCLE SIDE CAR)<br>8 - THIRD – MIDDLE                | 1 - NOT EJECTED 2 - PARTIALLY EJECTED |   | H - HAZMAT<br>M - MOTORCYCLE                         |  |   | ELECTRONIC DEVICE RMIT 6 - PASSENGER             |  | 2 - BLOOD                                   |   |                                    |                  |  |
| 9 - OTHER / UNK   | CNOWN  | 0 THIRD DICHTCIDE  |                                       | P - PASSENGER   | - PASSENGER RESTRICTIONS                             |  |   | 7 - OTHER DISTRACTION                            |  | 3 - URINE                                   |   |                                    |                  |  |
| SAFFTY F  | 10 - SLEEPER SECTION 4 - NOT APPLICABLE OF TRUCK CAB  4 - NOT APPLICABLE                         |  |                                       | N - TANKER 10 - LIMITED TO DAY  |  |  | 0. 071150 01070 1071011 011                                   |  | 4 - BREATH<br>ITSIDE 5 - OTHER               |   |   |                                    |                  |  |
| 1 - NONE USED   | 11 DASSENCED IN OTHER  |  |                                       | Q - MOTOR SCOOTER  R - THREE-WHEEL MO   | TORCYCLE   | 12 - LIMITED - OT  |   | THE VEHICLE                                      |  | DRUG TEST TYPE                              |   |                                    |                  |  |
|   | HOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED                                   |  |                                       |   | S - SCHOOL BUS 13 - MECHANICAL DI<br>(SPECIAL BRAK   |  |   |  | 9 - OTHER / UNKNOWN                          | 1-  | 1 - NONE                                |                                    |                  |  |
|   | 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHANIC                               |  | CATED BY<br>ANICAL MEANS              | CAL MEANS T - DOUBLE & TRIPLE TRAILERS CONTR                                    |  | CONTROLS, O  | TROLS, OR OTHER CONDITION PTIVE DEVICES) 1 - APPARENTLY NORMA |  | 2 - BLOOD                                    |   |   |                                    |                  |  |
| 5 - CHILD RESTR   | 5 - CHILD RESTRAINT SYSTEM - CARGO AREA 3 - FREED B  |  |                                       | Y HANICAL MEANS 14 - MI   |  |  |   | 4 - MILITARY VEHICLES ONLY 2 - PHYSICAL IMPAIRME |  | J OILINE                                    |   |                                    |                  |  |
|   | 6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR                                     |  |                                       |   |  | 15 - MOTOR VEHICLES WITHOUT<br>AIR BRAKES  |   | 3 - EMOTIONAL (E.G., DEPR<br>ANGRY, DISTURBED)   | ESSED,                                       | DRUG TEST RESULT(S)                         |   |                                    |                  |  |
| REAR FACING   | REAR FACING (NON-TRAILING UNIT)  |  |                                       | F - FEMALE<br>M - MALE  |  | 16 - OUTSIDE MIRROR  |   | 4 - ILLNESS                                      |  | 1-AMPHETAMINES                              |   |                                    |                  |  |
|   | 7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN                          |  |                                       |   | U - OTHER / UNKNOWN                                  |  |   | 17 - PROSTHETIC AID                              |  | 5 - FELL ASLEEP, FAINTED,<br>FATIGUED, ETC. |   | 2 - BARBITURATES                   |                  |  |
|   | 9 - PROTECTIVE PADS USED   |  |                                       |   |  |  | 18 - OTHER  |  | 6 - UNDER THE INFLUENCE                      |   | 3 - BENZODIAZEPINES<br>4 - CANNABINOIDS |                                    |                  |  |
|   | (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING   |  |                                       |   |  |  |   |  |  | OF MEDICATIONS / DRUGS<br>/ALCOHOL          |   | 5 - COCAINE                        |                  |  |
| 11 - LIGHTING - F   |  |  |                                       |   |  |  |   |  |  | 9 - OTHER / UNKNOWN                         |   | OPIATES / OPIOI                    | DS               |  |
| 99 - OTHER / UNK  |  |  |                                       |   |  |  |   |  |  |   |   | OTHER<br>NEGATIVE RESU             | JLTS             |  |

HSY8306 OH1M 1/19 [760-1500] PAGE 4 0F 4