OHIO DEPARTMENT TRAFFIC CRASH		LOCAL REPORT NUMBER*								
PHOTOSTAKEN OH-2 OH-3	LOCAL INFORMATION		23-32109							
SECONDARY CRASH X PRIVATE PROPERTY										
COUNTY* LOCALITY* LOCATION: CITY 76 3 2-VILLAGE Jackson (CRASH DATE / TIME * CRASH SEVERITY								
3-10WNSHIP(2 - SERIOUS INJURY									
2 - SOUTH	LOCATION ROAD NAME FULTON			ROAD TYPE	3 - MINOR INJURY					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	D, MILEPOST, HOUS	E #)	ROAD TYPE	LONGITUDE D	LONGITUDE DECIMAL DEGREES 4 - INJURY POS					
2 - SOUTH 3 - EAST	7212		_		5 - PROPERTY DAMAGE					
REFERENCE POINT DIRECTION	ROUTE TYPE	Rí		INTERSECTION RELATED						
2 1-INTERSECTION 1-NORTH IR -	2 1-INTERSECTION 1-NORTH IR -INTERSTATE ROUTE(TP) AL -ALLEY HW-HIGHWAY RD -ROAD									
3- HOUSE # 3- EAST										
	NUMBERED COUNTY ROUTE CI	R - CIRCLE OV T - COURT PK	TE - TERRACE TL - TRAIL	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY						
1-MILES TR-	NUMBERED TOWNSHIP		- PARKWAY - PIKE	WA - WAY	ROADWAY DIV	/IDED				
LOCATION OF FIRST HARMFUL EVENT	1 - NO	NNER OF CRASH CO T COLLISION 4-RI			DIRECTION OF TRAVEL MEDIAN TYPE 1 - NORTH 1 - DIVIDED FLUSH MEDIAN					
2 - ON SHOULDER 10-DRIVEWAY/	TW	O MOTOR	ACKING NGLE		2 - SOUTH	(<	(<4 FEET)			
4 - ON ROADSIDE 12-SHARED US	VE	IIICLLS IN		SAME DIRECTION	3 - EAST 4 - WEST	(≥	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)			
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - RE/ 3 - HE/		IDESWIPE, (THER / UNK	PPOSITE DIRECTION	3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER/UN					(ANYTYPE) 9 - OTHER/UNKNOWN					
0-011 KAWII	WORK ZONE TYPE	LOCATION O	F CRASH IN	WORK ZONE	CONTOUR	CONDITION	IS SURFACE			
WORKERS PRESENT	LANE CLOSURE	1-BE		ST WORK ZONE	1 1	, 9,	,9 ,			
3-1	LANE SHIFT/CROSSOVER WORK ON SHOULDER	2 - AD	VANCE WAR	NING AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
	OR MEDIAN INTERMITTENT OR MOVING WOR	100	ANSITION A FIVITY ARE		2 - STRAIGHT GRADE 2 - WET 2 - BLAC					
	OTHER	49.00	RMINATION	AREA	3 - CURVE LEVEL 3 - SNOW ASPHALT					
LIGHT CONDITION	WEATH	HER			9 - OTHER/UNKNOWN	5 - SAND, MUD, D	IRT, 4 - SLAG, GRAVEL,			
9 1 - DAYLIGHT 2 - DAWN/DUSK	O O 1-CLEAR	6 - SNOW 7 - SEVERE CRO	SSWINDS		OIL, GRAVEL STONE					
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOK	KE 8-BLOWING SA	ND, SOIL, D			5 - DIRT 9 - OTHER/UNKNOWN				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL		9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN			7 - SLUSH 9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN										
NARRATIVE		- '	'				Indicate the north direction with			
UNIT ONE WAS PULLED INTO A MARKI HANDLES / STARBUCKS. UNIT ONE WA		_					an "N" on the compass diagram.			
OUT OF A MARKED PARKING SPOT AN	ID STRUCK THE REAR O	OF UNIT								
ONE WITH THE REAR OF UNIT TWO. U WITHOUT PROVIDING ANY INFORMAT		=INE								
UNIT TWO INFORMATION OBTAINED B	Y REPORTING OFFICER	RAFTER								
FURTHER INVESTIGATION. SEE WITNESS STATEMENT.	· / -									
AW AW										
							_			
	-									
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVA	AL DATE / TI	ME T	SCENE CLEARED	DATE / TIMF	REPORT TAKEN BY			
And an analysis of the control of th	72023 1344	052720			05272023		POLICE AGENCY			
TOTAL TIME OTHER TOTAL			1 1 1		OFFICER'S NAME*					
ROADWAY CLOSED INVESTIGATION TIME MINUT	RICHARDSON,		JOHNSO	ON, STEVEN SUPPLEMENT (CORRECTION OR ADDITION						
	4 OFFICER'S BA	ADGE NUMBER*	Снескед	BY OFFICER'S BADGE NUMBER* TO AN EXISTING REPORT SENT TO ODPS)						
				$\overline{}$			4			

OHIO DE OF PUBL MAZETY - REPO	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						23-32109							
0,1	NAME: LAST, FIRST, MIDDLE WAGONER, RAYMOND C						DATE OF BIRTH AGE GEN 52 N							
ADDRESS	S: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
424 S	24 STONEWOOD ST CANAL FULTON OH 44614							ш	1 1 1	<u>i i</u>	1 1	111		
INJURIES 5	INJURED TAKEN BY				TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-CO		$\begin{bmatrix} \text{AIR BAG US} \\ 1 \end{bmatrix}$	AGE EJECTION	TRAPPED 1	
ADDRESS 424 S INJURIES OL STATE CLASS				SE CHAI	RGED LOCAL OFFENSE DESC			RIPTION	·	CITATIO	CITATION NUMBER			
OL OLASS	ENDORSEMENT SELECT UP TO 2				VER ALCOHOL / DRUG SUSPECTED TRACTED ALCOHOL MARIJUANA			condition		COHOL TEST YPE VALUE	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
4 UNIT #	NAMELIAST					OTHER DRUG				DATE OF BIRTH		AGE	GENDER	
02	BELDEN, PAIGE M							122	92006		16	F		
ADDRESS 5795	: STREET, CITY, ST GREAT C	ATE, ZIP OURT CIR NW MA	ASSILL	ON OI	H 446	646			CONTACT	PHONE - INCLUDE AREA CO	ODE			
STATE OF STA	INJURED TAKEN BY	AKEN			URED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME USED 4			SAFETY EQUIPMENT USED 4	DOT-C	DMPLIANT 1	AIR BAG USAGE EJECTION TRAPPED			
OL STATE	OPERATOR L	- MC			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER STRACTED	_	OHOL / DRUG SUSPI		CONDITION		COHOL TEST YPE VALUE		RUG TEST(S	T SELECT UP TO 4	
4			BY	9		THER DRUG	KIJUANA		<u> </u>	<u> </u>		<u> </u>		
UNIT#	IT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH									AGE	GENDER			
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT	PHONE - INCLUDE AREA CO	ODE		-1	
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG US	AGE EJECTION	TRAPPED	
ADDRESS INJURIES	TAKEN BY							USED	MC HE	DMPLIANT	1			
OL STATE	OPERATOR L	RATOR LICENSE NUMBER OFFEN			FFENSE CHARGED LOCAL OFFENSE			OFFENSE DESC	RIPTION		CITATION NUMBER			
ol class	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	DISTRACTED		DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION		YPE VALUE		YPE RESUL	T SELECT UP TO 4	
					0.	THER DRUG	V6							
INJU	JRIES	SEATING POSITION 1- FRONT - LEFT SIDE	1 - NOT DE	AIR BAG		OL CLAS:	S	OL RESTRIC 1-ALCOHOL INTER		DRIVER DISTRACT 1 - NOT DISTRACTED		TEST STA	ATUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLO				2 - CDL INTRASTAT		2 - MANUALLY OPERATING AN		2 - TEST REFUSED			
	MINOR INJURY	2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLO				3 - CORRECTIVE LE	NSES	ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,		3 - IEST GIVEN, CONTAININATED			
4 - POSSIBLE IN		4 - SECOND - LEFT SIDE			(01110 D)			4 - FARM WAIVER	A DUC	DIALING)	4 - TEST GIVEN RESULTS KNOWN			
3- NU APPAREN	(MOTORCYCLE PASSENGER) 9 - DEPLOYMENT II				CADLE 2 - EXCELL CLASS				3 - TALKING ON HANDS-FR COMMUNICATION DEVI	EE	5 - TEST GIVEN, RESULTS			
INJURED	5- SECOND - MIDDLE 6 SECOND - PICHT SIDE			6 - NO VALID OL				4 - TALKING ON HAND-HEL COMMUNICATION DEVI	CF.					
1 - NOT TRANSF /TREATED A		CENE 7-THIRD-LEFT SIDE EJECTION				OL ENDORSEMENT 7 - EXCEPT TRACTOR 8 - INTERMEDIATE				5 - OTHER ACTIVITY WITH	ALCOHOL TEST TYPE			
2 - EMS		(MOTORCYCLE SIDE CAR) 1 - NOT EJECTED 8 - THIRD - MIDDLE 2 - DARTIALLY EJECTED				H - HAZMAT RESTRICTIONS				ELECTRONIC DEVICE	1 - NONE 2 - BLOOD			
3 - POLICE 9 - OTHER / UNI	KNOWN	0 THIRD DICHT CIDE			M - MOTORCYCLE 9 - LEARNER'S PE P - PASSENGER RESTRICTIONS			KMIT	6 - PASSENGER 7 - OTHER DISTRACTION	3 -	3 - URINE			
	10 - SLEEPER SECTION 4 - NOT APPLICA						10 - LIMITED TO DAYLIGHT ONLY		INSIDE THE VEHICLE		4 - BREATH			
1 - NONE USED	11 DASSENCED IN OTHER			Q - MOTOR SCOOTER 11 - LIMITED TO EM				8 - OTHER DISTRACTION O THE VEHICLE	U15IDE 5-	SIDE 5-OTHER				
	ULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED				R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH S - SCHOOL BUS 13 - MECHANICAL C				9 - OTHER / UNKNOWN		DRUG TEST TYPE			
3 - LAP BELT OF	P BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICAT		T - DOUBLE & TRIPLE TRAILERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		1 - NONE 2 - BLOOD				
	- CHILD RESTRAINT SYSTEM – CARGO AREA 3 - FREED B						ADAPTIVE DEVICES)		1 - APPARENTLY NORMAL		3 - URINE			
FORWARD F	FORWARD FACING 13 - TRAILING UNIT NON-MED		ECHANICAL M	CHANICAL MEANS GENDER			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER			
6 - CHILD REST REAR FACIN	D RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F-FEMALE			AIR BRAKES		ANGRY, DISTURBED)	D	DRUG TEST RESULT(S)			
7 - BOOSTER SE	DOSTER SEAT 15 - NON-MOTORIST			M - MALE					4 - ILLNESS 5 - FELL ASLEEP, FAINTED,		1 - AMPHETAMINES 2 - BARBITURATES			
	8 - HELMET USED 99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN			18 - OTHER		FATIGUED, ETC.		2 - BARBITURATES 3 - BENZODIAZEPINES		
	- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)								6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS		4 - CANNABINOIDS			
10 - REFLECTIVE										/ALCOHOL		COCAINE	ne	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY							9 - OTHER / UNKNOV			6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTHER / UNI	KNOWN											NEGATIVE RESU	ILTS	

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