OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*									
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION									
SECONDARY CRASH OH-1P OTHER	OFFICO ALL I SOLVED OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF									
COUNTY* LOCALITY* 1 - CITY 2 - VILLAGE Jackson (CRASH DATE / TIME* 06042023 1907 5 1 - FATAL								
Z ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	2 - SERIOUS INJURY									
2 - SOUTH 3 - EAST	DRESSLER	ROAD TYPE	LATITUDE SE	OTHER DEGREES	3 - MINOR INJURY					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	REFERENCE ROAD NAME (ROAD	D. MILEPOST. HOUSE #)	ROAD TYPE	LONGITUDE DE	SUSPECTED 4 - INJURY POSSIBLE					
2 - SOUTH 3 - EAST	5584	,,		5 - PROPERTY D						
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELA	ONLY				
2 MILE POST 2 COUTU	INTERSTATE ROUTE(TP)	RD - ROAD	WITHIN INTERSECTION OR ON APPROACH							
3- HOUSE # 3- EAST										
DISTANCE DISTANCE CR -	NUMBERED COUNTY ROUTE	TE - TERRACE TL - TRAIL	ROADWAY							
	1-MILES TR-NUMBERED TOWNSHIP DR-DRIVE PI-PIKE WA-WAY									
	HE - HEIGHTS PL - PLACE									
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER	1-NO7	NNER OF CRASH COLLISION/I T COLLISION 4 - REAR-TO-RE		DIRECTION OF TRAVEL MEDIAN TYPE 1 - NORTH 1 - DIVIDED FLUSH MEDIAN						
1.0.0	TW	TWEEN 5-BACKING /O MOTOR 6-ANGLE		2 - SOUTH		<4 FEET) IVIDED FLUSH MEDIAN				
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS	SE PATHS OR TRA	ANSPORT 7 - SIDESWIPE	, SAME DIRECTION , OPPOSITE DIRECTION	3 - EAST 4 - WEST	(≥4 FE	(≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN				
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEA			4 - DIVIDED, RAISED MEDIAN (ANY TYPE)						
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER / UN				9 - OTHER/UNKNOWN						
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH I	N WORK ZONE	CONTOUR	CONDITIONS	SURFACE				
WORKERS PRESENT	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE WARNING SI	1ST WORK ZONE GN							
T LAW ENCORCEMENT PRECENT 3-	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WA			1 - DRY	1 - CONCRETE				
4-	INTERMITTENT OR MOVING WOR	4 - ACTIVITY AR	EA	2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS,				
ACTIVE SCHOOL ZONE 5 -	OTHER	5 - TERMINATIO	N AREA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK				
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	HER 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	T, 4 - SLAG, GRAVEL, STONE				
2 - DAWN/DUSK	2 - CLOUDY	7 - SEVERE CROSSWINDS	DIDT ONOW		5 - DIRT					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	(E 8 - BLOWING SAND, SOIL, 9 - FREEZING RAIN OR FR			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN					
NARRATIVE	<u>.l</u>	_1 1	J L L			Indicate the north				
ON 06-04-2023, UNIT #1 WAS BACKING	OUT OF A PARKING SP	POT AT				direction with an "N" on the				
LISTED LOCATION, WHILE IT WAS ALM UNIT #2 BEGAN BACKING OUT FROM						compass diagram.				
#2 STRUCK UNIT #1, LEAVING INVISIB	LE DAMAGE (LIGHT). UN	NIT #2 DID								
HAVE TWO PASSENGERS, ONE ADUL	I, ONE CHILD. NO INJUI	INIES IIV								
GM										
		-								
		-								
		-								
CDACH DEDODTED DATE (TYPE	DICDATOU DATE / TIPAT	ADDIVAL DATE (TIME 1	SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY				
Teachers and Control of Control o	42023 1909	06042023		30 6 0 4 2 0 2 3	- CONTROL PRO DESCRIPTION	POLICE AGENCY				
TOTAL TIME OTHER TOTAL			CHECKED BY OFFI		<u> </u>	MOTORIST				
ROADWAY CLOSED INVESTIGATION TIME MINUT	CARVER, EMM		SPROWI	VL, JAMIN SUPPLEMENT (CORRECTION OF ADDITION						
0 0 3	OFFICER'S BA	ADGE NUMBER*	Снескер	D BY OFFICER'S BADGE NUMBER*						
		1 - 1 - 1 -	1							

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST							23-33565								
NIT # NAME: LAST, FIRST, MIDDLE PATEL, DAVANG RICKESH														gender M	
ADDRESS: STREET, CITY, STATE, ZIP 4240 GLENMOOR RD NW CANTON OH 44718									CONTACT PHONE - INCLUDE AREA CODE						
JRIES					: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT				AIR BAG U	SAGE	EJECTION	TRAPPED	
TATE *					RGED	LOCAL CODE	OFFENSE DESC	RIPTION			CITATION NUMBER				
LASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DRIVER DISTRACTED BY			announced understanding represent to		CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
IT#	NAMF: LAST F	TRST MIDDLE			01	THER DRUG					OF BIRTH				GENDER
2	Manager Control Control Control Control	**************************************	YDIA					ACADISANCE SOME POR ACADISANCE						1 0	F
			4721						CONTACT	PHONE -	INCLUDE AREA CO	DE I	1	1	1 1
JRIES	INJURED E	D EMS AGENCY (NAME) INJURED TA			TAKEN TO	TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED 0,5			T DOT-COMPLIANT SEATING POSITION OF THE COMPLIANT			N AIR BAG USAGE EJECTION TRAPPED			TRAPPED
TATE *			OFFENSE CHAF			RGED	LOCAL CODE	OFFENSE DESC	CRIPTION			CITATION NUMBER			
LASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	TRACTED	П	LCOHOL MAF		CONDITION							SELECT UPTO 4
IT#	NAME: LAST, F	TRST, MIDDLE			01	THER DRUG				DATE	OF BIRTH		1	AGE	GENDER
										1 1	1 1 1				
RESS:	STREET, CITY, STA	ATE, ZIP							CONTACT	PHONE -	INCLUDE AREA CO	DE I	1	1	1 1
JRIES	INJURED E	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		OMPLIANT	ATING POSITION	AIR BAG U	SAGE	EJECTION	TRAPPED
TATE	OPERATOR L	OR LICENSE NUMBER OFFENSE CHA			SE CHAF	RGED	LOCAL	OFFENSE DESC	CRIPTION			CITATION NUMBER			
LASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DISTRACTED					CONDITION		ALCOHOL TEST TATUS TYPE VALUE					SELECT UP TO 4
					01	i .									نــالــالــ
AL PECTED: PECTED: SIBLE IN APPAREN URED TRANSPIP TRANSP	SERIOUS INJURY MINOR INJURY JURY T INJURY TAKEN BY ORTED O	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVEN) 2-FRONT - MIDDLE 3-FRONT - RIGHT SIDE 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5-SECOND - MIDDLE 6-SECOND - RIGHT SIDE 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE 10-SLEEPER SECTION OFTRUCK CAB 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12-PASSENGER IN UNENCLOSED CARGO AREA 13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15-NON-MOTORIST 99-OTHER / UNKNOWN	1 - NOT DE 2 - DEPLOY 3 - DEPLOY 4 - DEPLOY 5 - NOT AP 9 - DEPLOY 1 - NOT EJI 2 - PARTIA 3 - TOTALL' 4 - NOT AP 1 - NOT TRI 2 - EXTRIC MECHA 3 - FREED	PLOYED FED FRONT FED SIDE FED BOTH FRO PLICABLE FEMENT UNKNO JECTION LLY EJECTED PLICABLE RAPPED ATED BY NICAL MEANS BY	OWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL OL ENDORSEI H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MO S - SCHOOL BUS T - DOUBLE & TRIPLE X - TANKER / HAZMAT	VENT TORCYCLE TRAILERS	1 - ALCOHOL INTER 2 - CDL INTRASTAT 3 - CORRECTIVE LE 4 - FARM WAIVER 5 - EXCEPT CLASS & CLASS B BUS 7 - EXCEPT TRACT(8 - INTERMEDIATE RESTRICTIONS 9 - LEARNER'S PEI RESTRICTIONS 10 - LIMITED TO DAN 11 - LIMITED TO EM 12 - LIMITED - OTHI 13 - MECHANICAL D (SPECIAL BRAK CONTROLS, OR C ADAPTIVE DEVI 14 - MILITARY VEHI 15 - MOTOR VEHICLI AIR BRAKES 16 - OUTSIDE MIRRO	ELOCK DEVICE E ONLY INSES A BUS A DR-TRAILER LICENSE EMIT /LIGHT ONLY PLOYMENT ER EVICES ES, HAND ITHER CES) CLES ONLY ES WITHOUT	1 - NOT DI 2 - MANU ELECT DEVIC DEVIC DIALII 3 - TALKII COMM 4 - TALKII COMM 5 - OTHEF ELECT 6 - PASSE 7 - OTHEF INSIDI 8 - OTHEF THE VI 9 - OTHEF 2 - PHYSIG 3 - EMOTI ANGRY,I 4 - ILLNES 5 - FELL A FATIGU 6 - UNDER OF MEI / ALCOH	ISTRACTED ALLY OPERATING RONIC COMMUNIE (COMMUNIE (COMMU	1 1 AN 2 2 CATION 3 3 NG, 4 EE E 5 D CE E AN 1 2 2 3 4 4 EE E 5 SSED,	- NONE - TEST (NONE - TEST (NONE - TEST (NONE - NONE - NONE - BLOOD - NONE - URINE - OTHEL - OTHEL - AMPH - BARBI - BARBI - CANN COCAI - OPLAT	GIVEN REFUSED GIVEN, CON' LE / UNUSA GIVEN, RES' GIVEN, RES' OWN HOLTES O' E TH R TEST RE ETAMINES ITURATES DDIAZEPINE ABINOIDS NE ES / OPIOID	TAMINATED BLE JUTS KNOWN JUTS TYPE TYPE SULT(S)
	IT# PRESS: 40 (PRIESS: 11 # LASS PRIESS: 12 3 E PRIESS: 14	IT# NAME: LAST, F PATEL, RESS: STREET, CITY, ST. 40 GLENMO RIES INJURED TAKEN BY LASS ENDORSEMENT SELECT UP TO 2 IT# NAME: LAST, F GEBHAI RESS: STREET, CITY, ST. ITHES INJURED TAKEN BY LASS ENDORSEMENT SELECT UP TO 2 ITHES INJURED TAKEN BY LASS ENDORSEMENT SELECT UP TO 2 ITHES INJURED TAKEN BY LASS ENDORSEMENT SELECT UP TO 2 ITHES INJURED TAKEN BY LASS ENDORSEMENT SELECT UP TO 2 ITHES INJURED TAKEN BY LASS ENDORSEMENT SELECT UP TO 2 ITHES INJURED TAKEN BY LASS ENDORSEMENT SELECT UP TO 2 INJURIES ALL PECTED SERIOUS INJURY PECTED MINOR INJURY PECTED MINOR INJURY PETTER TAKEN BY TRANSPORTED SET TO THE TAKEN BY TRANSPORTED SET	NAME: LAST, FIRST, MIDDLE PATEL, DAVANG RICKES RESS: STREET, CITY, STATE, ZIP 40 GLENMOOR RD NW CANTO RIES INJURED TAKEN BY TATE OPERATOR LICENSE NUMBER ********* LASS ENDORSEMENT RESTRICTION SELECT RESS: STREET, CITY, STATE, ZIP 23 55TH ST NE CANTON OH 4 RIES INJURED TAKEN BY TAKEN BY LASS ENDORSEMENT RESTRICTION SELECT POPERATOR LICENSE NUMBER ********** ********* ********** ANAME: LAST, FIRST, MIDDLE GEBHART-GROBOSKY, L RESS: STREET, CITY, STATE, ZIP 23 55TH ST NE CANTON OH 4 RIES INJURED EMS AGENCY (NAME) BY TAKEN BY TAKEN BY RESTRICTION SELECT RESTR	IT# NAME: LAST, FIRST, MIDDLE PATEL, DAVANG RICKESH RESS: STREET, CITY, STATE, ZIP 40 GLENMOOR RD NW CANTON OH RIES INJURED TAKEN BY TATE OPERATOR LICENSE NUMBER ********** LASS ENDORSEMENT SELECT UP TO 2 RESS: STREET, CITY, STATE, ZIP 23 55TH ST NE CANTON OH 44721 RIESS INJURED TAKEN BY TAKEN	THE DETAILURED TAKEN BY THE CONTROL OF THE CONTROL	IT # NAME: LAST, FIRST, MIDDLE PATEL, DAVANG RICKESH RESS: STREET, CITY, STATE, ZIP 40 GLENMOOR RD NW CANTON OH 44718 RIES INJURED LICENSE NUMBER INJURED TAKENTO INJU	TITY NAME: LAST, FIRST, MIDDLE PATEL, DAVANG RICKESH RESS: STREET, CITY, STATE, ZIP 40 GLENMOOR RD NW CANTON OH 44718 RIES INJURED EMS AGENCY INAME) INJURED TAKEN BY LASS ENDORSEMENT GEBHART-GROBOSKY, LYDIA RESS: STREET, CITY, STATE, ZIP 23 S5TH ST NE CANTON OH 44721 RIES INJURED EMS AGENCY (NAME) BY PATEL, DAVANG RICKESH RESTRICTION STREET UP TO 3 DRIVER STATE OPERATOR LICENSE NUMBER TATE OPERATOR LICENSE NUMBER ********* ******* ******* ******* ****	THE PATEL, DAVANG RICKESH PRESS: TREET, CITYSTATE, 2IP 40 GLENMOOR ROW CANTON OH 44718 RIESS INJURED EMS AGENCY INAME: PRESS: STREET, CITYSTATE, 2IP 40 OFFENSE CHARGED OFFENSE CHARGED OFFENSE CHARGED OFFENSE CHARGED OTHER DRUG DISTACTED SALECTORY OF CHARGED OTHER DRUG THE PRESS STREET, CITYSTATE, 2IP 23 SOFTH ST NE CANTON OH 44721 RIESS INJURED RIESS STREET, CITYSTATE, ZIP 23 SOFTH ST NE CANTON OH 44721 RIESS INJURED RIESS STREET, CITYSTATE, ZIP 24 SOFTH ST NE CANTON OH 44721 RIESS INJURED PRESS STREET, CITYSTATE, ZIP ALCOHOL MARIJUANA OTHER DRUG DISTACTED ALCOHOL DRUG SUSPECTED OFFENSE CHARGED LOCAL CODE OFFENSE CHARGED LOCAL ALCOHOL DRUG SUSPECTED OFFENSE CHARGED LOCAL ALCOHOL DRUG SUSPECTED OFFENSE CHARGED LOCAL ALCOHOL MARIJUANA OTHER DRUG IT # NAME:LAST, FIRST, MIDDLE RESS STREET, CITY, STATE, ZIP R	TATE DAVANG RICKESH RESS STREET, CITY STATE, 219 RESS STREET, CONSTRUCT, STATE, 219 RESS STREET, CONSTRUCT, STATE, 219 RESS STATE STATE, 219 RESS STREET, CONSTRUCT, STATE, 219 RESS STATE STATE, 219 RESS STREET, CONSTRUCT, STATE, 219 RESS STATE STATE, 219 RESS STREET, CONSTRUCT, 219 RESS STREET,	TATE OPERATOR LICENSE NUMBER DEFENSE CHARGED DOCAL DOCA	THE NAME LAST FIRST MIDDLE DATE L. DAVANG RICKESH DEST-STREET, DAVANG RICKESH DEST-STREET, DAVANG RICKESH OCENTACE PROBE CONTACE PROBE	THE MAME LAST FIRST, MIGHE PATEL DAVANG RICKESH PATEL DAVANG RICKESH PATEL DAVANG RICKESH POS GERMON CANTON OH 44718 RIESS INAURES DESSARREY NAME: INAURES DESSARREY NAME: RIESS INAURES DESSARRY NAME: RIESS RIESS ABBROOK NAME: RIESS INAURES DESSARRY NAME: RIESS RIESS ABBROOK NAME: RIESS RIESS ABBROOK NAME: RIESS RIESS NAME: RIESS	THE MARKELAST FIRED MORE PATEL DAVANG RICKESH QUENTIFICATION OF BIRTH RESS-INVERCENCY NAVE 29 AQ GLENMOOR RID NW CANTON OH 44718 RESS-INVERCENCY NAVE 29 AQ GLENMOOR RID NW CANTON OH 44718 RESS-INVERCENCY NAVE 29 AQ GLENMOOR RID NW CANTON OH 44718 RESS-INVERCENCY NAVE 29 AQ GLENMOOR RID NW CANTON OH 44718 RESS-INVERCENCY NAVE 29 AQ GLENMOOR RID NW CANTON OH 44718 RESS-INVERCENCY NAVE 29 ALCOHOL FORD GOVERNOOR RID NW CANTON OH 44718 ALCOHOL FORD GOVERNOOR RID NAVE 29 ALCOHOL FORD	THE MANGLAST FREET ORDER PATEL DAVANG RICKESH QS 97996 QS 00000000000000000000000000000000000	THE PRESENTING CHARGES AGENCY NAME: ACCOUNT OF THE PROPERTY ONLY AND CONTROL TO HAVE A CONTROL TO H

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