OF PUBLIC SAFETY TRAFFIC CRASH	LOCAL REPORT NUMBER*							
PHOTOSTAKEN OH-2 OH-3		23-38801C						
SECONDARY CRASH    X OH-1P   X OTHER     X PRIVATE PROPERTY	ncic* 7,6,2,4,	1 - SOLVED 2 - UNSOLVED 98 - ANIMAL 99 - UNKNOWN						
COUNTY* LOCALITY* LOCATION: CIT		CRASH DATE / TIME *   CRASH SEVERITY						
J NORTH	(Township of)		DOAD TYPE		2	- SERIOUS INJURY SUSPECTED		
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	DRESSLER		ROAD TYPE RD	40 857	1010	- MINOR INJURY SUSPECTED		
	REFERENCE ROAD NAME (ROAD,	, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		- INJURY POSSIBLE		
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5252			-81, 431	.437	- PROPERTY DAMAGE ONLY		
REFERENCE POINT DIRECTION FROM REFERENCE 1 - NORTH IR	ROUTE TYPE - INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW- HIGHWAY F	RD - ROAD		NTERSECTION RELATE	1000		
2 - MILE POST 2 - SOUTH US	RI RI		Q - SQUARE ST - STREET	_				
DISTANCE DISTANCE CR	NUMBERED COUNTY ROUTE	- CIRCLE OV - OVAL T	E - TERRACE	WITHIN INTE	RCHANGE AREA NUM ROADWAY	MBER OF APPROACHES		
FROM REFERENCE UNIT OF MEASURE  1 - MILES  2 - FEET	'L - TRAIL VA - WAY	ROADWAY DIV						
		- HEIGHTS PL - PLACE				2000-2000-00-0-0-0		
LOCATION OF FIRST HARMFUL EVEN  1 - ON ROADWAY 9 - CROSSOVER	C 1-NOT	INER OF CRASH COLLISION/IMPA COLLISION 4-REAR-TO-REAR	CT	DIRECTION OF TRAVE	0.004.000.000	<b>IN TYPE</b> FLUSH MEDIAN		
1. 9. 4	TWO	WEEN 5-BACKING O MOTOR HICLES IN 6-ANGLE		2 - SOUTH 3 - EAST	( <4 FEET	Γ) FLUSH MEDIAN		
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS		NSPORT 7 - SIDESWIPE, SAM		4 - WEST	(≥4 FEET 3 - DIVIDED,	T) DEPRESSED MEDIAN		
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 7 - ON RAMP 14-TOLL BOOT	3 - HEAI	1 20 10 8 2	30 00 000		4 - DIVIDED, (ANY TYP	RAISED MEDIAN PE)		
8 - OFF RAMP 99-OTHER/UN					9 - OTHER/UI	NKNOWN		
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN WO		CONTOUR 1	CONDITIONS	SURFACE		
WORKERS PRESENT 2 -	LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNIN						
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA	500000000000000000000000000000000000000	2 - STRAIGHT GRADE 2 - WET 2 - BLACK				
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION AR	EA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT		
LIGHT CONDITION	WEATH	ER		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,		
3 1 - DAYLIGHT 2 - DAWN/DUSK	2 - CLEAR 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING,	STONE		
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	1 14	8 - BLOWING SAND, SOIL, DIRT			MOVING)	5 - DIRT 9 - OTHER/UNKNOWN		
5 - DARK – UNKNOWN ROADWAY LIGHTING	THE RESIDENCE THE PROPERTY.	99 - OTHER / UNKNOWN	ING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN			
9 - OTHER / UNKNOWN						Todicale the weath		
NARRATIVE UNIT 1 AND UNIT 2 WERE PARKED IN	THE REAR LOT OF 5252	-				Indicate the north direction with an "N" on the		
DRESSLER RD NW. UNIT 1 DROVE OV						compass diagram.		
SEE RELATED 23-38801						_		
TW .				Not To Sca	le	_		
						_		
				1		_		
						_		
		-			£" <u></u>	ī ——		
		_ 5252 DRESS	SLER RD NW	Unit 1				
					D	Unit 2		
		<b>-</b> ,			6			
	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	CONTROL DESIGNATION OF THE PROPERTY OF THE PRO	REPORT TAKEN BY		
	92023 0217			7,0,92,023	0506 <b>X</b>	POLICE AGENCY MOTORIST		
TOTAL TIME OTHER TOTA MINUT		SAC .		CER'S NAME* CK, JASON	늗	SUPPLEMENT		
0 0 16		DGE NUMBER*		y OFFICER'S BADGE N	A A I	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)		
		<u>, I , 3 , U , </u>		<u>, , , , , , , , , , , , , , , , , , , </u>	0 , 0 ,			

48 - TREE

49 - FIRE HYDRANT

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

3 - UNDETERMINED

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

BARRIER

29 - BRIDGE RAIL

30 - GUARDRAIL FACE

**J FIRST HARMFUL EVENT** 

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

OFF PUBLIC SAFETY MOTORIST / NON-MOTORIST							23-38801C								
	1 TINIT #	IT# NAME: LAST, FIRST, MIDDLE GOMEZ, COREY DELONTA								05202000 AGE GENDER M					
TORISI 30		STREET, CITY, ST.		RTH CANTON OH 44720						CONTAC	T PHONE -	INCLUDE AREA CO	DE	1 1	1 1
O IN			EMS AGENCY (NAME)				: MEDICAL FACILITY	(NAME, CITY)	The state of the s	грот-с	COMPLIANT	EATING POSITION	AIR BAG US	AGE EJECTIO	N TRAPPED
ON/	<u>5</u>	BY				ASSESSED TO BE A PROPERTY OF THE PARTY OF TH			.9.9.	<b>Ш</b> мс н	ELMET L	<u>0 †     </u>	L	_	
-	STATE								.08 But Les	ess Than .17 Breath			citation number 1196190		
SELECT UP TO 2				TRACTED X ALCOHOL MARILIANA				1111171			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
	4				9_		THER DRUG		6	4	4	$T\Theta T$			
ď	INIT #	NAME: LAST, F	O, UNOCCUPIED							date of birth age gende					
RIST	DDRESS:	STREET, CITY, ST.	<u> </u>							CONTACT	T PHONE -	INCLUDE AREA CO	DE		
/ NON-MOTORIST	JURIES	INJURED	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	T SEATING POSITION			N AIR BAG USAGE EJECTION TRAPPED		
NON /		TAKEN BY							USED		ELMET L				
	STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	'		CITATIO	N NUMBER	•
∑ OL	CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	UPTO3 DRI DIS BY	VER TRACTED		DHOL / DRUG SUSPE		CONDITION		COHOL T			RUG TEST( YPE RESU	S) LT SELECT UP TO 4
							THER DRUG						_		
U	INIT #	F# NAME: LAST, FIRST, MIDDLE								DATE	OF BIRTH		AGE	GENDER	
RIST IV	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
MOTO	JURIES	INJURED	EMS AGENCY (NAME)		TIN HIBED	TAVENTO	MEDICAL FACILITY	(NAME CITY)	SAFETY FOUIDMENT			EATING POSITION	LATE BAC HE	AGE EJECTIO	N TRAPPED
/ NON-MOTORISI	TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED  I I				ELMET L	LATING FUSITION	L AIR BAG US	AGE EJECTIO	I IKAPPED			
1000	STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHAR			RGED LOCAL CODE		OFFENSE DESC	RIPTION		CITA		ITATION NUMBER	
M OL	L CLASS ENDORSEMENT RESTRICTION SELECT UPTO 3 DRIVER DISTRACTED			ALCOHOL / DRUG SUSPECTED  D ALCOHOL MARIJUANA		CONDITION	ALCOHOL TEST STATUS TYPE VALUE			RUG TEST(					
				BY	j		LCOHOL MAF THER DRUG	RIJUANA	l <sub>r 1</sub>	l ile	10			ш	
	INJU	RIES	SEATING POSITION		IR BAG		OL CLASS	5	OL RESTRIC	TION(S)		R DISTRACT	ION	TEST ST	
1 - F/		SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEF 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			DISTRACTED UALLY OPERATING		- NONE GIVEN - TEST REFUSED	
		MINOR INJURY	2 FDONT MIDDLE						3 - CORRECTIVE LE	ENSES ELECTRONIC COMM		TRONIC COMMUNI	CATION 3	-TEST GIVEN, CONTAMINATED	
4 - PI	OSSIBLE IN	JURY	3 - FRONT – RIGHT SIDE	4 - DEPLOY	ED BOTH FRO	ONT / SIDE	4 - REGULAR CLASS		4 - FARM WAIVER		DIALI	CE (TEXTING, TYPI ING)		SAMPLE/UNU	
5 - N	(MOTORCYCLE PASSENGER)			- NOT APPLICABLE (OHIO = D)  5 - M/C MOPED ONLY				5 - EXCEPT CLASS		BUS 3 - TALKING ON HANDS-FR COMMUNICATION DEVI					
IN	JURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKNO	OWN	6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS			ING ON HAND-HEL	,_	UNKNOWN	200210
	OT TRANSP		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE		JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO			MUNICATION DEVIC		LCOHOL T	EST TYPE
2 - El		JUENE	(MOTORCYCLE SIDE CAR)	1 - NOT EJE	5 TO 10 TO 1		H - HAZMAT	VIENI	8 - INTERMEDIATE RESTRICTIONS	LICENSE		R ACTIVITY WITH . TRONIC DEVICE	1	- NONE	
3 - PI	DLICE		8 - THIRD - MIDDLE	2 - PARTIAL	LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	RMIT	6 - PASS			- BLOOD - URINE	
9 - 0	THER / UNK	NOWN	9 - THIRD – RIGHT SIDE 10 - SLEEPER SECTION	3 - TOTALLY			P - PASSENGER		RESTRICTIONS  10 - LIMITED TO DAY	LIGHT ONLY		R DISTRACTION DE THE VEHICLE		- BREATH	
SA	SAFETY EQUIPMENT  OF TRUCK CAB  4 - NOT APPLICABLE				LICABLE		N - TANKER  Q - MOTOR SCOOTER  10 - LIMITED TO EM			0. 071150 01070 1071011 011			UTSIDE 5-OTHER		
	ENCLOSED CARGO AREA			TRAPPED R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH			ER 9 - OTHER / IINKNOWN				DRUG TEST TYPE				
	HOULDER B AP BELT ON	ELT ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRA 2 - EXTRICA			S - SCHOOL BUS		13 - MECHANICAL DI (SPECIAL BRAK	ES, HAND				- NONE	
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		MECHANICAL MEANS  X - TANKER / HA7MAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION  1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE				
	HILD REST	RAINT SYSTEM -	CARGO AREA  13 - TRAILING UNIT		- FREED BY NON-MECHANICAL MEANS 14 - I			14 - MILITARY VEHI					4 - OTHER		
6 - CI	HILD REST	STRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR				GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT		TONAL (E.G., DEPRE		RUGTEST	RESULT(S)	
	EAR FACING		(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE	16 - OUTSIDE MIRROR		ANGRY, DISTURBED) 4- ILLNESS		DRUG TEST RESULT(S)  1 - AMPHETAMINES			
	00STER SE ELMET USI		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AII	D		ASLEEP, FAINTED, UED, ETC.		- BARBITURATE	
9 - PI	ROTECTIVE	PADS USED							18 - OTHER		6 - UNDE	RTHE INFLUENCE	4	- BENZODIAZEP	
	LBOW, KNE EFLECTIVE	ES, ETC.) CLOTHING										DICATIONS / DRUG	is 4	- CANNABINOID: - COCAINE	,
11 - LI	GHTING – F	PEDESTRIAN										R / UNKNOWN		- OPIATES / OPIC	IDS
	BICYCLE ON THER/UNK	YCLE ONLY												- OTHER - NEGATIVE RES	IIITC
													8	MEGALIVE RES	0213

HSY8306 OH1M 1/19 [760-1500] PAGE 4 0F 5

U	OCCUPANT / WITNESS ADDENDUM							23-38801C									
	UNIT # NAME: LAST, FIRST, MIDDLE SHUMAN, BREANNA LYNN								DATE OF BIRTH								
OCCUPANT		STREET, CITY,	12	5	CONTACT PHONE - INCLUDE AREA CODE												
<b>000</b>			N AVE NE CAN		SEATING POSITION	AIR BAG USAG	LEIEGTION	LEDADDED									
	5	TAKEN BY	EMIS AGENCY (NAME)		INJURED TAKEN TO: Medical Facili	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	03	1 1		1					
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT		AGE	GENDER						
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CODE								
OCCUPANT											1 1						
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	AIR BAG USAG	EJECTION	TRAPPED							
	UNIT#	NAME: LAS							DATE OF BIRTH								
L	لـــــا																
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP		CONTACT PHONE	- INCLUDE AREA CO	DE										
00	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILY	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED					
-	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER					
OCCUPANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE									
1000	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED					
		BY						MC HELMET			1						
	1 - FATA 2 - SUSI	AL.	RIOUS INJURY	1 - NONE US VEHICLE	OCCUPANT	1 - FRON (MOT	SEATING POS IT – LEFT SIDE ORCYCLE DRIV IT – MIDDLE		1 - NOT DEPLOYED 2 - DEPLOYED FRONT								
	3 - SUSPECTED MINOR INJURY			ER BELT ONLY USED T ONLY USED	3 - DEPLOYED SIDE												
	5 - NO APPARENT INJURY  5 - CHILD R  FORWAR				ER & LAP BELT USED	ENGER)		4 - DEPLOYED BOTH FRONT/SIDE									
					HILD RESTRAINT SYSTEM – 5 - SECOND – MIDDLE  ORWARD FACING 6 - SECOND – RIGHT SII				5 - NOT APPLICA								
					ESTRAINT SYSTEM –		9 - DEPLO	YMENT UN	MENT UNKNOWN								
	/TREATED AT SCENE REAR F 2 - EMS 7 - BOOSTE						ORCYCLE SIDE D – MIDDLE	1 - NOT EJECTION									
	2 - EMS 7 - B00STE 3 - POLICE 8 - HELME						D – RIGHT SIDE	2 - PARTIALLY FIECTEI									
					TIVE PADS USED	11 - PASS	PER SECTION OF ENGER IN OTHI	ER ENCLOSED	3 - TOTALL	Y EJECTE	)						
	GENDER				KNEES, ETC.) FIVE CLOTHING		O AREA (NON-TE PICK-UP WITH CAF	and the second s	4 - NOT APPLICABLE								
	I M MAIF				G – PEDESTRIAN		ENGER IN UNE	NCLOSED	TRAPP								
	U - OTHER / UNKNOWN  99 - OTHER /				E ONLY		LING UNIT			NOT TRAPPED ? - EXTRICATED BY MECHANICAL							
	//- UIILA/				ONNOWN	EXTERIOR	MEANS 3 - FREED BY NON-MECHANICAI										
							MOTORIST R/UNKNOWN		MEANS								
SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER					
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE							
≶									1 1		1 1	1 1					
S	NAME: LAS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER									
WITNESS	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE									
>																	
SS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER										
												CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP						20 090 N	DE L							

HSY 8355 OH1P 1/19 [760-1500] PAGE 5 <sup>0F</sup> 5