OHIO DEPARTMENT TRAFFIC CRASH	23-40622										
PHOTOSTAKEN OH-2 OH-3	23-40	0022									
CECONDARY CRACH	$\overline{}$										
COUNTY* LOCALITY* LOCATION: CITY, 76 J 2-VILLAGE JACKSON (CRASH DATE / TIME * CRASH SEVERITY 1 - FATAL										
3-TOWNSHIP Jackson (2 - SERIOUS INJURY LATITUDE DECIMAL DEGREES SUSPECTED										
2 - SOUTH 3 - EAST	to approximate approximate statement	SIMAL DEGREES	3 - MINOR INJURY								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	ROAD TYPE	LONGITUDE DECIMAL DEGREES 4-INJURY POSSIB									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	6565		<u> </u>		5 - PROPERTY DAMAGE ONLY						
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TY	PE]	INTERSECTION RELA	ON CONTROL OF THE OWNER OW					
3 1-INTERSECTION 1-NORTH IR -1	INTERSTATE ROUTE(TP) AL FEDERAL US ROUTE AV	VAY RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH								
3- HOUSE # 3- EAST	STATE ROUTE BL	POST ST - STREET TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES								
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT	R - CIRCLE OV - OVAL COURT PK - PARK R - DRIVE PI - PIKE	WAY TL - TRAIL	ROADWAY							
2 - FEET 3 - YARDS	WA - WAY	ROADWAY DIVIDED									
LOCATION OF FIRST HARMFUL EVENT	I	NNER OF CRASH COLLISION COLLISION 4 - REAR-TO		DIRECTION OF TRAVE	-	DIAN TYPE					
0 6 2 - ON SHOULDER 10-DRIVEWAY/	ALLEY ACCESS 5 BET	TWEEN 5 - BACKING		1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)							
3-IN MEDIAN 11-RAILWAY GR 4-ON ROADSIDE 12-SHARED US	RADE CROSSING L - VEH	HICLES IN 6-ANGLE	PE, SAME DIRECTION	3 - EAST 4 - WEST	(≥4 FI	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)					
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REA 3 - HEA		PE, OPPOSITE DIRECTION UNKNOWN	3 - DIVIDED, DEPRESSED MEDI. 4 - DIVIDED, RAISED MEDIAN							
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER / UNI		(ANY T 9 - OTHER	(YPE) WUNKNOWN								
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRAS	H IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE					
WARNERS PRESENT	ANE CLOSURE ANE SHIFT/CROSSOVER	1 - BEFORE T WARNING	HE 1ST WORK ZONE SIGN		_9_	9					
3-V	VORK ON SHOULDER OR MEDIAN	2 - ADVANCE 3 - TRANSITI	WARNING AREA ON AREA		1 - DRY	1 - CONCRETE					
4-1	NTERMITTENT OR MOVING WORK OTHER	100F PRO-	AREA	2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS, ASPHALT					
			TION AREA	4 - CURVE GRADE 4 - ICE 3 - BRICK/E							
LIGHT CONDITION 1 - DAYLIGHT	WEATH	6 - SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, GRAVE STONE							
2 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMOKE	7 - SEVERE CROSSWINE E 8 - BLOWING SAND, SO		6 - WATER (STANDING, MOVING) 5 - DIRT							
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OF 99 - OTHER / UNKNOW			7 - SLUSH	9 - OTHER/UNKNOWN					
9 - OTHER / UNKNOWN	3 02221/11/112	7, 6111211, 6111111611			9 - OTHER/UNKNOWN						
NARRATIVE						Indicate the north direction with					
UNIT 1 WAS STOPPED WESTBOUND IN PARKING LOT WHEN UNIT 2 BACKED II					7	an "N" on the compass diagram.					
BACK DOOR LEAVING DAMAGE TO BO FACING NORTH IN A HANDICAP PARKI	TH VEHICLES. UNIT 2 W.	/AS									
PARKING LOT BACKING OUT OF A SPO						-					
LF						_					
		-									
						1					
						-					
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DAT	TIME T	SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY					
280 September 1 (1990 - 1990 -	42023 1306	07242023	A2000 - C-2004-200-20	07242023		POLICE AGENCY					
TOTAL TIME OTHER TOTAL	OFFICER'S NAME*	CHECKED BY OFF)			MOTORIST						
ROADWAY CLOSED INVESTIGATION TIME MINUTE		VL, JAMIN ED BY OFFICER'S BADGE NUMBER* SUPPLEMENT (CORRECTION OR ADDIT TO AN EXISTING REPORT SENT TO (A)									
0 0 4	8 OFFICER'S BA	CHECKED	1,2,5								

PAGE

	OHIO DEF OF PUBLI MAZETT - MERTIN	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							23-40622						
() 1	NAME: LAST, FIRST, MIDDLE BILLMAN, MEGAN E							06022006 AGE GENDER 17 F						
TSI A	DDRESS:	STREET, CITY, ST	REET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
<u>ě</u> 7	25 D	AN AVE (CANAL FULTON O	H 446	14										
NON-M	IJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO:			: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 9	DOT-COMPLIANT SEATING POSITION 1		$\begin{bmatrix} & \text{AIR BAG US} \\ & & \end{bmatrix}$	AGE EJECTION	TRAPPED	
-	L STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHAI			RGED	LOCAL CODE	OFFENSE DESC	RIPTION	1	CITATIO	N NUMBER	1 I I	
0	L CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED				CONDITION		COHOL TEST YPE VALUE		RUG TEST(S	S) T select up to 4	
1	4	I II I		BY			LCOHOL MAI	RIJUANA	1		1	1	1	II II II	
	TINUT #	NAME: LAST, F	FIRST, MIDDLE MAN, NANCY N		-					102	DATE OF BIRTH 221942		AGE 80	GENDER F	
Lo A	DDRESS:	STREET, CITY, ST								CONTACT	PHONE - INCLUDE AREA CO	DDE.			
2 2	101 (GARYDAI	LE ST NE HARTVI	LLE OI	H 4463	2					1 1 1		1 1	1 1	
NON-MOTORIS	IJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 9	□ ВОТ-С		AIR BAG US	AGE EJECTION	TRAPPED	
S O	STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER			
MOT OI	L CLASS	ENDORSEMENT RESTRICTION SELECT UPTO 3 DRIVER			IVER STRACTED	ACTED -			CONDITION		COHOL TEST YPE VALUE	DRUG TEST(S) TATUS TYPE RESULT SELECT UP TO 4			
	4			BY	9		LCOHOL MAI THER DRUG	RIJUANA			<u> </u>	1			
1	UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GEN						
RIST	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA			CODE			
010					1				T						
/ NON-MOTORIS	IJURIES	RIES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED			DOT-CO		AIR BAG US	AGE EJECTION	TRAPPED		
	L STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHAR			GED LOCAL CODE		OFFENSE DESC	RIPTION	-	CITATIO	N NUMBER		
MOT 0	L CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	DISTRACTED		DHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST STATUS TYPE VALUE			RUG TEST(S	.T SELECT UP TO 4	
	Т	т т		BY	1	=	LCOHOL MAI THER DRUG	KIJUANA	l _{r r}	1 115		111			
	INJU	RIES	SEATING POSITION		AIR BAG		OL CLAS	S	OL RESTRIC	TION(S)	DRIVER DISTRACT	ION	TEST ST		
	ATAL	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE		LOYED 1 - CLASS A 1 - ALCOHOL IN ED FRONT 2 - CLASS B 2 - CDL INTRAS					1 - NOT DISTRACTED 2 - MANUALLY OPERATING	1 - NONE GIVEN AN 2 - TEST REFUSED			
		MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLO			3 - CLASS C		3 - CORRECTIVE LE	FNSES ELECTRONIC COMMUN		VICATION 3-TEST GIVEN CONTAMINATED		NTAMINATED	
4 - F	OSSIBLE IN	JURY	3 - FRONT – RIGHT SIDE	4 - DEPLOYED BOTH FRONT / SIDE			4 - REGULAR CLASS 4 - FARM WAIVER				DEVICE (TEXTING, TYP DIALING)	SAMPLE / UNUSABLE			
5 - 1	IO APPAREN	T INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPLICABLE			(OHIO = D) 5 - EXCEPT 5 - M/C MOPED ONLY (FYCEPT				3 - TALKING ON HANDS-FR	tt _	4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS		
I	INJURED TAKEN BY 5 - SECOND - MIDDLE 9 - DEPLOY			MENT UNKNOWN 6- EXCEPT CLAS 6 - NO VALID OL & CLASS B BU				Δ	COMMUNICATION DEVI 4 - TALKING ON HAND-HEL	IINKNOWN					
1000	1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE //TREATED AT SCENE 7 - THIRD - LEFT SIDE		LECTION OF ENDORSEMENT			7 - EXCEPT TRACTO	R-TRAILER	COMMUNICATION DEVI	ALCOHOL TEST TYPE						
	/TREATED AT SCENE 7 - THIRD - LEFT SIDE 2 - EMS (MOTORCYCLE SIDE CAR) 1 - NOT EJI		0-11			8 - INTERMEDIATE RESTRICTIONS	LICENSE	ELECTRONIC DEVICE		- NONE					
3 - F			ALLY EJECTED M - MOTORCYCLE			9 - LEARNER'S PERMIT		6 - PASSENGER		2 - BL00D 3 - URINE					
9 - (9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALL 10 - SLEEPER SECTION 4 NOT A DECEMBER - SECTION					RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREATH					
SA	SAFETY EQUIPMENT OF TRUCK CAB		LICADLE N-TANKER			11 - LIMITED TO EMPLOYMENT		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		IDE 5-OTHER					
	ENCLOSED CARGO AREA		RAPPED R - THREE-WHEEL MOTORCYCLE			12 - LIMITED - OTHER		9 - OTHER / UNKNOWN		DRUG TEST TYPE					
	DIOK UD WITH OAD		1 - NOTTRAPPED S - SCHOOL BUS 2 - EXTRICATED BY				13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND		CONDITION		1 - NONE				
	4 - SHOULDER & LAP BELT USED 12 - I		12 - PASSENGER IN UNENCLOSED	MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		CONTROLS, OR O				2 - BLOOD 3 - URINE			
	5 - CHILD RESTRAINT SYSTEM – CARGO AREA FORWARD FACING 13 - TRAILING UNIT		3 - FREED BY NON-MECHANICAL MEANS				14 - MILITARY VEH		CLES ONLY 2 - PHYSICAL IMPAIRMEN		T 4-OTHER				
6 - 0	HILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR		GENDER F-FEMALE			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRE ANGRY, DISTURBED)		DRUG TEST RESULT(S)					
	REAR FACING (NON-TRAILING UNIT)			F - FEMALE M - MALE				16 - OUTSIDE MIRROR		4 - ILLNESS		1-AMPHETAMINES			
0.000	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN			U - OTHER / UNKNOWN				17 - PROSTHETIC AID 5 - FELL ASLEEP, FAI 18 - OTHER FATIGUED, ETC.							
9 - F	9 - PROTECTIVE PADS USED								6 - UNDER THE INFL		6 - UNDER THE INFLUENCE				
	ELBOW, KNE REFLECTIVE										OF MEDICATIONS / DRUGS /ALCOHOL		5 - COCAINE		
11 - I	10 - REFLECTIVE CLOTHING 11 - LIGHTING – PEDESTRIAN								9 - OTHER / UNKNOWN 6 - 0		OPIATES / OPIOIDS				
	BICYCLE ON THER / UNK												7 - OTHER 8 - NEGATIVE RESULTS		

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OHO DEPARTMENT OCCUPANT / WITNESS ADDENDUM							23-40622 NUMBER							
	UNIT # NAME: LAST, FIRST, MIDDLE KOPRIVEC, MADISON K.							110,32	0 0 6		AGE 1 6	GENDER F		
PANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
CCUPAN		98 MICHAEL BARKEY AVE NW CANAL FULTON OH 44614							1 1					
_	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (name, city)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE				•	DAT	E OF BIRTH		AGE	GENDER		
Ļ	ADDDESS	078557 0777	07175 770					CONTACT BUONS	<u> </u>			L I		
OCCUPAN	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	INCLUDE AREA CO	DE				
9	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY					USED	MC HELMET						
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE G						
Ļ														
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	INCLUDE AREA CO	DE				
00	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY					USED	MC HELMET			بسا			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
L.	ADDDECC	OTREET OUTV	07475 710											
OCCUPAN	AUDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
00	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Compliant	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
-		BY L	JRIES	SAFET	Y EQUIPMENT USED	ī	SEATING POS	MC HELMET		AIR BAG U	SAGE			
	1 - FATA		, <u>-</u> .	1 - NONE US	ED -	1 - FRON	IT – LEFT SIDE		1 - NOT DE	~~~				
			RIOUS INJURY		LE OCCUPANT (MOTORCYCLE DRIV DER BELT ONLY USED 2 - FRONT – MIDDLE			ER)	YED FRONT					
	3 - SUSPECTED MINOR INJURY				P BELT ONLY USED 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE				3 - DEPLOYED SIDE 4 - DEPLOYED BOTH					
				HOULDER & LAP BELT USED (MOTORCYCLE				FRONT/SIDE						
,	INJURED TAKEN BY FORWAR 1 - NOT TRANSPORTED 6 - CHILD R				- CHILD RESTRAINT SYSTEM – 5 - SECOND – MII FORWARD FACING 6 - SECOND – RIG			DE	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN					
					ESTRAINT SYSTEM -	D – LEFT SIDE	LEFT SIDE CYCLE SIDE CAR)		EJECTION					
	7.11.2.11.2.11.2.11.2			7 - BOOSTER			ECTED							
	3 - POLICE 8 - HELM				USED	: OF TRUCK CAB	LLY EJECTE	LLY EJECTED						
					TIVE PADS USED KNEES, ETC.)		ENGER IN OTH	ER ENCLOSED 3 - TOTALLY EJECTED RAILING UNIT, 4 - NOT APPLICABLE						
	GENDER				TIVE CLOTHING	NCLOSED	- D							
	M - MALE 11 - LIGHTIN / BICYCL				G – PEDESTRIAN E ONLY	INCLOSED TRAPPED 1 - NOT TRAPPED								
	U - OTHER / UNKNOWN 99 - OTHER /				UNKNOWN	E EXTERIOR 2 - EXTRICATED BY MECHANICAL MEANS								
					15 - NON-	TRAILING UNIT) MOTORIST	3 - FREED BY NON- MEANS			-MECHANICAL				
H	NAME: LAS	ST, FIRST, MIDD	LE			99 - 01HE	R / UNKNOWN	DAT	E OF BIRTH	1	AGE	GENDER		
ESS									1 1 1		1 []			
WITNESS	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
_	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GEND						
ESS								BATE OF BATTI						
WITNESS	ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
	NAME: LAST, FIRST, MIDDLE							DAT	E OF BIRTH		AGE	GENDER		
NESS														
WITN	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
												1		

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