OHIO DEPARTMENT TRAFFIC CRASH	22	/l		L REPORT NUMBER*												
PHOTOS TAKEN OH-2 OH-3		23-41431														
OH-1P OTHER	OH-1P OTHER REPORTING AGENCY NAME* NCIC*									HIT/SKIP NUMBER OF UNITS UNIT IN ERROR  1 - SOLVED 98 - ANIMAL						
PRIVATE PROPERTY  COUNTY* LOCALITY* LOCATION: CIT	7,6,2,4,	2 - UNSOLVED														
76 3 1-CITY		07302023 0014 5 1-FATAL														
3-TOWNSHIP Jackson (Township or)								2 - SERIOUS INJURY								
2 - SOUTH 3 - EAST			DR	10. 201000			3	- MINOR INJ								
4-WEST	D, MILEPOST, HO	MILEPOST, HOUSE #) ROAD TYPE					LONGITUDE DECIMAL DEGREES									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST					L	DAMAGE										
REFERENCE POINT DIRECTION	ROUTE TYPE		E		INTERSECTION RELATED											
2 MILE POST 2 COUTU			HW - HIGHW LA - LANE		D - ROAD Q - SQUARE	☐ wit	HIN INTE	RSECTION	OR ON APPROA	СН						
3- HOUSE # 3- EAST	- I EDERAL OS ROOTE	AV - AVENUE L BL - BOULEVARD M	T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES												
	NUMBERED COUNTY ROUTE	CR - CIRCLE OV - OVAL TE - TERRACE														
	- NUMBERED TOWNSHIP DROUTE	A - WAY	☐ ROA	DWAY DIV	/IDED											
		NOADWAI BIVIDED														
LOCATION OF FIRST HARMFUL EVEN  1 - ON ROADWAY 9 - CROSSOVEI		ANNER OF CRASH OT COLLISION 4-			т	DIRECTION OF TRAVEL MEDIAN TYPE  1 - NORTH 1 - DIVIDED FLUSH MEDIAN										
2 - ON SHOULDER 10-DRIVEWAY 3 - IN MEDIAN 11-RAILWAY	VO MOTOR ,	MOTOR						( < 4 FEET	( <4 FEET )							
4 - ON ROADSIDE 12 - SHARED U	SE PATHS OR TR	RANSPORT 7-	ICLES IN 6 - ANGLE NSPORT 7 - SIDESWIPE, SAME DIRECTION						(≥4 FEET	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)						
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANG	-2		- SIDESWI - OTHER / U		SITE DIRECTION	4 - WEST 3 - DIVIDED, DEPRESSED MEDI 4 - DIVIDED, RAISED MEDIAN										
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER / UI							(ANY TYPE) 9 - OTHER/UNKNOWN									
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION	OF CRASI	IN WO	RK ZONE	CONT	DUR	CONI	DITIONS	SURI	FACE					
1.	LANE CLOSURE	1 - E	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN					Ϊ	1	1 T T						
]	LANE SHIFT/CROSSOVER WORK ON SHOULDER OR MEDIAN	2-4	2 - ADVANCE WARNING AREA					1 - STRAIGHT LEVEL 1 - DRY								
LAW ENFORCEMENT PRESENT 4-	1000	TRANSITIO ACTIVITY			2 - STRAIGHT GRADE 2 - WET 2 - I					TOP, INOUS,						
ACTIVE SCHOOL ZONE 5.	OTHER	5 - 7	5 - TERMINATION AREA					3 - CURVE LEVEL 3 - SNOW ASPHALT 4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK								
LIGHT CONDITION	WEAT	HER	ER .					9 - OTHER/UNKNOWN 5 - SAND, MUD, DIF								
1 - DAYLIGHT 2 - DAWN/DUSK	1 - CLEAR 2 - CLOUDY	6 - SNOW 7 - SEVERE C	6 - SNOW 7 - SEVERE CROSSWINDS						(STANDING,	STONE						
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED		8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE					MOVING		5 - DIRT 9 - OTHER/UNKNOWN							
5 - DARK — UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	99 - OTHER /				UNKNOWN	own									
9 - OTHER / UNKNOWN		ı														
NARRATIVE			- ' '	,						directio						
UNIT #1 WAS PARKED TO THE RIGHT PULLING OUT OF THE PARKING SPO			-							an "N" o	on the s diagram.					
BEGAN TURNING RIGHT OUT OF THE NORTHBOUND. UNIT #2 STRUCK UNI			-								-					
OF THE VEHICLE WITH HIS TIRE. UNI																
#1 HAD DISABLING DAMAGE. UNIT #1	_															
MD			_													
											_					
		-							$\perp$							
		-														
		-								-						
	-								_							
											.   -					
CRASH REPORTED DATE / TIME	ARRI	ARRIVAL DATE / TIME				LEARED		REPORT TAKEN BY								
07,3,02,023,00,14,07,3	02023   0016	07302	,07,3,02,023,002,3,0				07302023   0120				M POLICE AGENCY					
	TARE CONTRACTOR OF THE PROPERTY OF THE PROPERT						FFICER'S NAME*									
	TOUNG, KATL	TALL, JA	SON  OFFICER'S	S BADGE !	NUMBER*	$\dashv$ $\sqcup$	(CORRECTION TO AN EXISTING REP	OR ADDITION								
	54 OFFICER'S BADGE NUMBER'S 3					1,2,3,										

**J FIRST HARMFUL EVENT** 

OHIO DEL OF PUBLI SAFETY - SERV	SOFPUBLIC SAFETY MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST								23-41431									
UNIT #										DAT	E OF BIRTH		Ī	AGE	GENDER			
0T	1 PARKED, UNOCCUPIED									N								
ADDRESS:	RESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE								
E S INJURIES	INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME							SAFETY ENHIDMENT		<u> </u>	SEATING POSITION	IN ATD DA	G USAGE	EJECTION	TRADDED			
ADDRESS:  NON / INJURIES  OL STATE	TAKEN BY	KEN				: MEDICAL PACILITY	(NAME, GITY)	USED	□ MC H	OMPLIANT E <b>LMET</b>	SEATING PUSITIO	N AIK BA	16 0546E	EJECTION	TRAPPED			
OL STATE	ATE   OPERATOR LICENSE NUMBER   OFFENSE CHA				RGED	LOCAL	OFFENSE DESC	RIPTION			CITA	TION N	UMBER	-				
10 L						CODE												
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED		OHOL / DRUG SUSPI		CONDITION		COHOL YPE	T <b>EST</b> VALUE	STATUS	DRU TYPE	G TEST(S RESULT	)   SELECT UP TO 4			
1 1	l 11 1		BY	,	=	THER DRUG	KIJUANA		 	•1		F 1		1 1	11 11 1			
UNIT #	NAME: LAST,	FIRST, MIDDLE		-1						DAT	E OF BIRTH			AGE	GENDER			
02	POPADAK, RYLAN HUNTER								062	212	2 Q O <sub>1</sub> O			23	M			
ADDRESS:	STREET, CITY, ST		0.441.6						CONTACT	PHONE	- INCLUDE AREA	CODE						
448 E		T NEWCOMERST	OWNC	)H 438	332						1 1			<u> </u>				
ADDRESS: 448 E  INJURIES  OL STATE  ADDRESS:	INJURED TAKEN BY INJURE			INJURED					T DOT-COMPLIANT SEATING POSITION OF THE PROPERTY OF THE PROPER			N AIR BAG USAGE EJECTION TRAPPE			TRAPPED			
OL STATE		ICENSE NUMBER		OFFENS	SE CHA	IARGED LOCAL OFFENSE			E DESCRIPTION			CITATION NUMBER						
* * *	******				DFFENSE CHARGED LOCAL OFFENSE CODE					ENGE DESCRIPTION								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER ALCOHOL / DRUG SUSPECTED			CONDITION		COHOL	TEST VALUE	STATUS		G TEST(S	)   SELECT UP TO 4				
	SELECTOPIOZ		BY	TRACTED		LCOHOL MAI	RIJUANA		314103		VALUE	STATUS	11111	. KESOLI	SELECTOPIO 4			
LIMIT #	NAME	FIRST MIDDLE		1	0	THER DRUG				• I	E OE BIRTH				GENDER			
ONII #	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENE									
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE									
TORI										ſ	1 1	1	ı	1 1	1 1			
ADDRESS:	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-C	OMPLIANT	SEATING POSITIO	ON AIR BA	G USAGE	EJECTION	TRAPPED			
	BY				OSED COSED				ELMET				ـــــا ا					
OL STATE	OPERATOR LICENSE NUMBER OFFE			OFFENS	FFENSE CHARGED LOCAL OFFENSE DES			OFFENSE DESC	RIPTION			CITA	ITATION NUMBER					
OL STATE OL CLASS	CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3		IIDTO 2   NDT	3 DRIVER ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST				DRUG TEST(S)						
OL CLASS	SELECT UP TO 2			STRACTED ALCOH		COHOL MARIJUANA			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4			
				1	0	THER DRUG												
I <b>NJU</b> 1-FATAL	JRIES	SEATING POSITION  1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		1 - CLASS A	S	OL RESTRIC 1-ALCOHOL INTER			ER DISTRAC DISTRACTED	TION		T <b>est sta</b> Ie given	TUS			
	2 - SUSPECTED SERIOUS INJURY (MOTORCYCLE DRIVER)		2 - DEPLOYED FRONT			2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATI			2 - TEST REFUSED					
	3 - SUSPECTED MINOR INJURY 2 - FRONT - MIDDLE 4 - POSSIBLE INJURY 3 - FRONT - RIGHT SIDE			3 - DEPLOYED SIDE 3 - CLASS C 4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS					3 - CORRECTIVE LENSES 4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
	4 SECOND LEET SIDE			5 - NOT APPLICABLE (OHIO = D)					5 - EXCEPT CLASS A BUS			3 - TALKING ON HANDS-FREE			4 - TEST GIVEN, RESULTS KNOWN			
INJURED	INJURED TAKEN BY 5 - SECOND - MIDDLE 9 - DEPLOY								6 - EXCEPT CLASS A COMMUNI & CLASS B BUS 4 - TALKING (			TION DEVICE 5 - TEST GIVEN, RESULTS UNKNOWN						
	OT TRANSPORTED 6 - SECOND - RIGHT SIDE REATED AT SCENE 7 - THIRD - LEFT SIDE		E,	ELECTION OF ENDORSEMENT					7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE			COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN			ALCOHOL TEST TYPE			
2 - EMS	9 THIRD MIDDLE		1 - NOT EJE	JECTED H - HAZMAT			RESTRICTIONS	ELECTRONIC DEVICE			1 - NONE 2 - BLOOD							
3 - POLICE 9 - OTHER / UNK	0 THIDD DICHT CIDE			M - MOTORCYCLE 9 - LEARNER'S P P - PASSENGER RESTRICTION			7 - OTHER DISTRACTION			3 - URINE								
SAFFTY F	10 - SLEEPER SECTION OFTRUCK CAB 4 - NOT APPLICABLE				N - TANKER 10 - LIMITED TO DA			0. 071150 010701071011			4 - BREATH DUTSIDE 5 - OTHER							
1 - NONE USED	11 DACCENCED IN OTHER			R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH			THE VEHICLE  9 - OTHER / LINKNOWN				DRUG TEST TYPE							
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED 3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATED BY				S - SCHOOL BUS 13 - MECHANICAL I			ES, HAND				1 - NONE						
4 - SHOULDER 8	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		MECHANICAL MEANS  3 - FREED BY  T - DOUBLE & TRIPLE TRAILEI  X - TANKER / HAZMAT				CONTROLS, OR O ADAPTIVE DEVI	CONDITION  1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE							
	FORWARD FACING 13-TRAILING UNIT			NON-MECHANICAL MEANS  GENDER				14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT			NT DESCED	4 - OTHER						
	5 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F-FEMALE				AIR BRAKES				RESSED,	DRUG TEST RESULT(S)					
	7 - BOOSTER SEAT 15 - NON-MOTORIST			M - MALE U - OTHER / UNKNOWN			16 - OUTSIDE MIRRO 17 - PROSTHETIC AII	4 - ILLNESS 5 - FELL ASLEEP, FAINTED,			1 - AMPHETAMINES 2 - BARBITURATES							
9 - PROTECTIVE	8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED						18 - OTHER	FATIGUED, ETC. 6 - UNDER THE INFLUENCE			3 - BENZODIAZEPINES							
	(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING							OF N	OF MEDICATIONS / DRUGS /ALCOHOL			4 - CANNABINOIDS 5 - COCAINE						
11 - LIGHTING -	L1 - LIGHTING - PEDESTRIAN								9 - OTHER / UNKNOWN			6 - OPIATES / OPIOIDS						
	/ BICYCLE ONLY 9 - OTHER / UNKNOWN											7 - 0TH 8 - NEG	ER SATIVE RESUI	LTS				

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