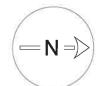
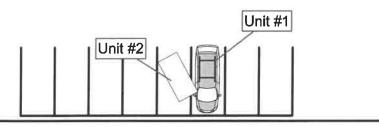
ONE DEPARTMENT TRAFFIC CRASH		MANDATORY F	IELD F	OR SUP	PLEME	NT REP	ORT	10	2	_				R*		
T PHOTOS TAKEN OH-2 OH-3								<u> + -</u>	<u> </u>	91	70	<u>U 2</u>	<u> </u>			
OH-1P OTHER							٦,	ll		ED	NUMB (ER OF UN		\sim		
		epartment			_U _	ارد ہ	, <u></u> 5				IME+	<u> </u>				NOWN
2-VILLAGE Rollbrook								1009	201	9	16	52	5	- FATA	L	
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	LOCATION ROAD NAME			_	T	ROAD T	YPE				_	GREES	2			JRY
3 - EAST	Mill Pond					ŊΕ	₹ ,	32	6.	35	88	39	3			Υ
	REFERENCE ROAD NAME (RO	AD, MILEPOST, I	HOUSE	#)		ROAD T	YPE	LO	NGITU	DE DEC	CIMAL DE	GREES	4	- INJUI	RY POSS	IBLE
2 - 505 IT 3 - EAST 4 - WFST	3083							-84	11	95	35	38	5	- PROP ONLY	ERTY DA	MAGE
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	Tall Block								I	NTERS	ECTION	RELATE	:D		
3 1-INTERSECTION 1-NORTH IR		AL - ALLEY AV - AVENUE						WITHIN INTERSECTION OR ON APPROACH								
3- HOUSE # 3- EAST								□ w	THIN I	INTER	CHAN	GE AREA	NU	ABER OF	APPRO	ACHES
FROM REFERENCE UNIT OF MEASURE	The state of the s	CT - COURT	3400				200	li shi	HK	Tal.		ROADW	ΑΥ	LEGIL.	10	74
2-FEET	ROUTE	DR - DRIVE HE - HEIGHTS			WA	- WAY	3	R	ADWA	Y DIVI	DED					
	T M	ANNER OF CRAS	H COL	LISION	IMPAC1			DIRECTIO	N OF TR	RAVEL	Г		MEDIA	N TYPE		
	VALLEY ACCESS Q 1-N	CONTRACT CAL			EAR										MEDIAN	
3-IN MEDIAN 11-RAILWAY G	RADE CROSSING L - J	WO MOTOR EHICLES IN	6 - AN	ELE				2 - SOUTH 2 - SOUTH 2 - 2				ا 2 · D	2 - DIVIDED FLUSH MEDIAN			
5 - ON GORE TRAILS	2 - R						- 1	4	-WES	Т		3 - D	IVIDE D ,	DEPRES		
0 - 00 I SIDE INAFFIC WAT	7-11	EAD-ON	9 - OTI	IER/UN	IKNOWN	ı									MEDIAI	V
	KNOWN											9 - 0	THER/UN	IKNOWI	·	
WORK ZONE RELATED	WORK ZONE TYPE							CON	rour		C	ONDITIO	NS		2	E
			WAR	NING SI	GN			الت					J	,		J
PRINCE CAMPANY CALLY OUTS OUTS																
SECONDARY CRASH SHIPLE S		US,														
	T						\dashv			- 1		D MUD I	NIDT.			
								9-UIHEK	UNKNU	WN						VEL,
	, , <u>, ~ , , , , , , , , , , , , , , , </u>					NOW				6			NDING,			
4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZII	NG RAI	N OR FF	-		ZLE							9-0T	HER/UNK	(NOWN
1	5- SEEL, HALL	77 - VINER	/ ONK	VO VV IV						,	9 - OTH	ER/UNKN	IOWN			
NARRATIVE			F		1	1		36 3		11	Г	11/1	A			
Unit #1 was parked in the parking lot near	3083 Mill Pond Dr. in a p	parking spot.	-										A	√ an'	'N" on th	ie
Unit #2 struck Unit #1 in the right front qua	ater panel and left the sc	ene.	_				\top									-
SEE ATTACHED DRAWING.							+				+			+		2
							+	_			+		-			
							+		-	-	-		-	+		
						_	4			-	-		-	-	-	- 57
															-	
			-													-
	PREFER 1. HORTH 2. SOUTH 1. HORTH 2. SOUTH 1. SOUTH 1. SOUTH 2. SOUTH 1. SO															
			-													
			-													
1																
CRASH REPORTED DATE / TIME	DISPATCH DATE/TIME	ARI	RIVAL	DATE / 1	TME	1		SCENE	CLEAR	ED DA	TE/TI	ME	R	EPORT	TAKEN E	BY
						52	1					(ME 702		POLICE	AGENO	- 1
10,0,92,019,16,52, 10,0; TOTAL TIME OTHER TOTAL	92019 1652 OFFICER'S NAME*				165 Check	CED BY O	FFIC	0,0,9; er's nam	207			тме 702		POLICI	E AGENC	- 1
10092019 1652 100	92019 1652 OFFICER'S NAME* Burns, Mark		20;		165 Check	nes,	FFIC Jac	0,0,9; er's nam	2 <u>0</u> 1 •*	L9_	1	792		MOTOR SUPPL (CORRECT	AGENO	DITION

Case Number: 19-0035	Date:	10-9-19
Location: 3083 Mill fond	00	
Description:		

NOT TO SCALE





3083 Mill Pond Dr.

OHIO DE OF PUBL	MOTORIST / NON-MOTORIST							19-000035							
UNIT#	NAME: LAST,	FIRST, MIDDLE					+	DATE OF BIRTH	A	GE	GENDER				
02	Unknown,												M		
ADDRESS	STREET, CITY, ST	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
	INJUREB	EMS AGENCY (NAME)		INJUREDTAK	ENTO: M	EDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	-	SEATING POSI	TION AIR 8	AG USAGE EJ	ECTION	TRAPPED	
INJURIE\$	TAKEN 9							USED 9,9	DOT-C	CIMET 01		9	1	_1_	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE CODE				OFFENSE DESC	CRIPTION	CITA	TATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	DRIVER DISTRACTED ALCOHOL / DRUG SUSPECTED CONDITION ALCOHOL MARIJUANA 9					STATUS T	COHOL TEST TYPE VALUE	STATUS	DRUGTI		SELECT UP TO 4			
	L			<u> </u>	ОТНІ	ER DRUG				<u> </u>				OENDED.	
UNIT #	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH			GE	GENDER	
ADDRESS:	STREET, CITY, ST	TATE, ZIP							CONTACT	PHONE - INCLUDE ARE	A CODE				
INJURIES		EMS AGENCY (NAME)		INJURED TAK	ENTO: M	EDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT		SEATING POSIT	TON AIR BA	AG USAGE EJ	ECTION	TRAPPED	
	TAKEN BY							USED	MC HE	CMPLIANT LMET					
INJURIES OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE DE				OFFENSE DESC	RIPTION		CITA	ITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	-	OL / DRUG SUSPE	CTED	CONDITION	STATUS T	YPE VALUE	STATUS	DRUG TE		SELECT UP TO 4	
					ОТНЕ	ER DRUG					J L	الباد	<u> </u>		
UNIT#	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH	1 1	A	GE ;	GENDER	
ADDRESS:	STREET, CITY, ST	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA	CODE		1180		
ADDRESS:		EMS AGENCY (NAME)		INJURED TAKE	ENTO: MI	EDICAL FACILITY	NAME, CLTY)		DOT-Co	SEATING POSIT	ION AIR BA	AG USAGE EJI	ECTION	TRAPPED	
<u> </u>	TAKEN BY						USED	MC HE	MC HELMET						
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE DE CODE					RIPTION	ATION NUMBER					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	DISTRACTED			CTED CONDITION		STATUS TYPE VALUE S		STATUS	DRUG TEST(S) TATUS TYPE RESULT SELECT UP			
	n 1		BY			ER DRUG	IJUANA	, ,					1	لـــالــــا	
INJU	RIES	SEATING POSITION	A	IR BAG		OL CLASS		OL RESTRIC	TION(5)	DRIVER DISTRA	CTION		T STAT	US	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			- CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED 2 - MANUALLY OPERAT	INC AN	1 - NONE GIV			
3 - SUSPECTED	SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYI 3 - DEPLOYI			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		ELECTRONIC COMM	UNICATION	3-TEST GIV		AMINATED	
4- POSSIBLE IN		3 - FRONT - RIGHT SIDE		ED BOTH FRONT /		- REGULAR CLASS		4 - FARM WAIVER		DEVICE (TEXTING,T DIALING)	YPING,		/ UNUSAB		
5 - NO APPAREN	T INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	LICABLE	-1.	(OHIO = D)		5 - EXCEPT CLASS	BUS	3 - TALKING ON HANDS		4-TEST GIV			
TN HIBED	TAKEN DV	5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKNOWN		5 - M/C MOPED ONLY 5 - NO VALID OL		6 - EXCEPT CLASS / & CLASS B BUS	1	4 - TALKING ON HAND-H		5 - TEST GIV UNKNOW		LIS	
1- NOT TRANSPI	TAKEN BY	6 - SECOND - RIGHT SIDE				3 - NO FALID OL		7 - EXCEPT TRACTO	R-TRAILER	COMMUNICATION DE		ALCOHO	II TEST	TYPE	
/TREATED AT		7 - THIRD - LEFT SIDE	EJ	ECTION		OL ENDORSEM	IENT	8-INTERMEDIATE		5 - OTHER ACTIVITY WI		1 - NONE	, , , , ,	1115	
2-EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS	MIT	6 - PASSENGER		2 - BL00D			
3 - POLICE 9 - OTHER/ UNK	NOWN	9 - THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY			W - MOTORCYCLE P - Passenger		9 - LEARNER'S PER RESTRICTIONS	m11	7 - OTHER DISTRACTION	٧	3 - URINE			
7-010687008	NUWN	10 - SLEEPER SECTION	4- NOT APP			N -TANKER		10 - LIMITED TO DAY	LIGHT ONLY	INSIDE THE VEHICL		4 - BREATH			
SAFETY E	QUIPMENT	OF TRUCK CAB				Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DISTRACTION THE VEHICLE	VOUTSIDE	5-OTHER			
1 - NONE USED	E17 A11	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED	5	R - THREE-WHEEL MOT	ORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE		9-OTHER/UNKNOWN		DRUG	TESTT	YPE	
2 - SHOULDER B		NLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAPPED S - SCHOOL BUS						(SPECIAL BRAKE	S, HAND	COURTE		1 - NONE			
	LAP BELT USED	12 - PASSENGER IN UNENCLOSED	ALERGUALITA CA ALERANO			T - DOUBLE & TRIPLE TRAILERS CONTROLS, OR O			THER CONDITION			2 - BLOOD			
5 - CHILD RESTR	RAINT SYSTEM -	CARGO AREA	RGO AREA 3 - FREED BY			X - TANKER / HAZMAT ADAPTIVE DEVI			2 78 77 88 87 88 88 88 88 88 88 88 88 88			3 - URINE 4 - OTHER			
FORWARD FA		13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR	HOR-INC	III MILANG		GENDER		15 - MOTOR VEHICLE	S WITHOUT 3 - EMOTIONAL (E.G., DEPRESS		PRESSED,		CT-D	1117/61	
6 - CHILD RESTR REAR FACING		(NON-TRAILING UNIT)				- FEMALE		AIR BRAKES 16 - OUTSIDE MIRRO	R	ANGRY, DISTURBED) 4 - ILLNESS		DRUG TEST RESULT(S) 1-AMPHETAMINES			
7 - BOOSTER SEA	AT	15 - NON-MOTORIST				- OTHER / UNKNOWN		17 - PROSTHETIC ALL		5- FELL ASLEEP, FAINT	ED,	2-BARBITU			
8 - HELMET USE		99 - OTHER / UNKNOWN				ATTICKT OHVIOUS		18-OTHER		FATIGUED, ETC.		3 - BENZODIA			
9 - PROTECTIVE (ELBOW, KNE										6 - UNDER THE INFLUEN OF MEDICATIONS / DI		4 - CANNABI	NOIDS		
10 - REFLECTIVE										/ALCOHOL		5 - COCAINE			
11 - LIGHTING - P										9- OTHER / UNKNOWN		6 - OPIATES	OPIOIDS		
/ BICYCLE ON 99 - OTHER / UNKI												8 - NEGATIV	E RESULT	S	

L.	or Pun	UCCUPANT / WITNESS ADDENDUM						19-0	O O O O	ORT NUMBER	Y = E	T 1 3		
	UNIT #	NAME: LAS	ST, FIRST, MIDDLE					DA	DATE OF BIRTH AGE					
OCCUPANT	ADDRESS	STREET, CITY	STATE, ZIP					CONTACT PHON	E - INCLUDE AREA C	ODE		,		
30	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACE	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
ľ	UNIT#	NAME: LAS	T, FIRST, MIDDLE		I			DA	TE OF BIRTH		AGE	GENDER		
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHON	E - INCLUDE AREA CO	DDE				
330	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
ì	UNIT #	JNIT # NAME: LAST, FIRST, MIDDLE						DAT	TE OF BIRTH		AGE	GENDER		
CUPANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	E - INCLUDE AREA CO	DE L				
-	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEGICAL FACILITY (NAME, CITY) SAFETY EQUIL USED			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
Ì	UNIT#	NAME: LAS	AME: LAST, FIRST, MIDDLE					DAT	TE OF BIRTH		AGE	GENDER		
COPANI	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
=1-	NJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
à		INJU	RIES	SAFETY	EQUIPMENT USED	S. 123	SEATING POS	ITION		AIR BAG U	SAGE	W. H.		
533	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - NO APPARENT INJURY 1 - NOTTRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN 2 - SHOULDE SHOULDE 3 - POLICE 9 - OTHER / UNKNOWN 2 - SHOULDE 3 - LAP BEL' 4 - SHOULDE 5 - CHILD RE FORWARI 6 - CHILD RE REAR FAI 8 - HELMET 9 - PROTECT (ELBOW,			E OCCUPANT ER BELT ONLY USED TONLY USED ER & LAP BELT USED ESTRAINT SYSTEM — OF FACING ESTRAINT SYSTEM — OF FACING OF FACING ESTRAINT SYSTEM — OF FACING OF FAC			: E Enger)	3 - DEPLOY 4 - DEPLOY FRONT/ 5 - NOT AP	YED FRONT YED SIDE YED BOTH 'SIDE	NOWN				
							F TRUCK CAB ER ENCLOSED AILING UNIT,	EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE						
ı	F - FFMALF			- PEDESTRIAN ONLY	12 - PASSI CARGI 13 - TRAIL 14 - RIDIN (NON-T	ENGER IN UNE DAREA ING UNIT G ON VEHICLE TRAILING UNIT)	NCLOSED TRA 1 - NOT TRAPPED 2 - EXTRICATED B							
		t, first, middi CKERT,	E SARA MARIE					05301			AGE 39	GENDER F		
ы.		STREET, CITY,	STATE, ZIP ND DR BELLBF	ROOK OH 4	5305 1373			CONTACT PHONE 93	- INCLUDE AREA COO 37 902-488					
	NAME: LAS	T, FIRST, MIDDI	.E						E OF BIRTH		AGE	GENDER		
1	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE		DE	3)	ā ii		
3	NAME: LAS	T, FIRST, MIDDI	.E					DAT		AGE	GENDER			
THE PERSON NAMED IN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COD	DE				
-		D 1/10 [760 1									AGE .	- OF -		