OHIO DEPARTM OF PUBLIC BAR WEIT - BARME - FREIT	TRAFFIC (CRASH R	LOCAL REPORT NUMBER *									
PHOTOS TAKEN OH -2 OH -3 LOCAL INFORMATION STATE RTS 3 / 162							22-9955					
SECONDARY	RASH OH-1P	OTHER REPO	PRTING AGENCY NAME *		HIT/SKIP 1 - SOLVED	NUMBER OF UN	NITS UNIT IN ERROR 1 98 - ANIMAL					
PRIVATE PROPERTY Montville Police Department												
COUNTY* LOCA	1 - CITY	CATION: CITY, VILL	CRASH DATE / TIME* CRASH SEVERITY									
52 3	2 - VILLAGE MC 3 - TOWNSHIP	ontville (Town	02/22/2022 21:15 5 2 - SERIOUS INJUR									
ROUTE TYPE RO		I - NORTH LOCA 2 - SOUTH	LATITUDE DECIMAL DEGREES SUSPECTED 3 - MINOR INJURY									
g SR		3 - EAST 4 - WEST	41.106426 SUSPECTED									
ROUTE TYPE RO		- NORTH REFE	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE							
SR	162	B - EAST I - WEST	-81.864	233	ONLY							
REFERENCE POI		v like		INTERSECTION	N RELATED							
1 - INTERSECT	TION 1 - NO	RTH IR - INTER	WINIE ROOTE (III)	-ALLEY HW-HIGHWA	/ RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON	APPROACH 1 3 1				
2 - MILE POST	3 - EAS	T US - FEDE	DAI LIC DOLLTE	II ROFII EVARD. MR. MII EROST. ST. STREET.								
DISTANCE	4 - WE	SK-SIAI	TE ROUTE CR	TE - TERRACE TL - TRAIL		ROADV	NUMBER OF APPROACHES					
FROM REFERENCE	UNIT OF MEASU 1 - MI	LES CISTION	WA - WAY	<u> </u>								
<u> </u>	2 - FEE		ROADWAY DIVIDED									
	CATION OF FIRST HARM		MAN	INER OF CRASH COLLISION/II	ИРАСТ	DIRECTION OF TRAV	/EL	MEDIAN TYPE				
1-ON RO		ROSSOVER DRIVEWAY/ALLEY	1 1	COLLISION 4 - REAR-TO-REA VEEN 5 - BACKING	₹	1 - NORTH 1 - DIVIDED FLUSH MEDIAN						
3 - IN ME	DIAN 11 -	RAILWAY GRADE	CROSSING TWO	O MOTOR CLES IN 6 - ANGLE		2 - SOUTH 3 - EAST	1 4 1	<4 FEET) IVIDED FLUSH MEDIAN				
4 - ON RO 5 - ON GO		SHARED USE PATI FRAILS	H3 OK	NSPORT 7 - SIDESWIPE, SA		4 - WEST	1	:4 FEET) IVIDED, DEPRESSED MEDIAN				
	DE TRAFFIC WAY 13 -		2 - REAR 3 - HEAD				4 - DI	VIDED, RAISED MEDIAN				
7 - ON RA 8 - OFF R		TOLL BOOTH OTHER / UNKNOV	i	D-ON 9 - OTHER / UNK	IOMIA			NY TYPE) THER / UNKNOWN				
Duony zour n			ORK ZONE TYPE	LOCATION OF CRASH IN	WORK ZONE	CONTOUR	CONDITIO	NS SURFACE				
WORK ZONE RE			E CLOSURE	1 - BEFORE THE 1S		131	121	,2,				
WORKERS PRES	ENT	2 - LANE	E SHIFT/ CROSSOVER	WARNING SIGN 2 - ADVANCE WAR		1 - STRAIGHT	1 - DRY	1 - CONCRETE				
LAW ENFORCE	MENT PRESENT		rk on shoulder Median	3 - TRANSITION A		LEVEL	2 - WET	2 - Blacktop,				
-			RMITTENT OR MOVING WORK	4 - ACTIVITY AREA 5 - TERMINATION		2 - STRAIGHT GRADE	3 - SNOW 4 - ICE	BITUMINOUS, ASPHALT				
ACTIVE SCHOO	L ZONE	3 - CURVE LEVEL	5 - SAND, MUD,									
1	GHT CONDITION		1 - CLEAR	WEATHER 6 - SNOW		4 - CURVE GRADE 9 - OTHER	OIL, GRAVEL 6 - WATER (STAI	CTONE				
1 - DAYLIO				JUNKNOWN	MOVING)	5 - DIRT 9 - OTHER						
1131	- LIGHTED ROADWAY		$\frac{4}{3 - \text{FOG, SMOG, SMOKE}}$	RT, SNOW	i	7 - SLUSH 9 - OTHER / UNI						
4 - DARK												
	- UNKNOWN ROADWA L/UNKNOWN	Licitiwo	5 - SLEET, HAIL	99 - OTHER / UNKNOWN				İ				
NARRATIVE			·									
			ntered the roundabout at :		11	1						
			west side and drove into functional damage to the		/ /			N				
			ed Field Sobriety Tests (SF		\';	A						
,	•	. The driver die	d not report any injuries a	and Unit	\			ľ				
#1 was towed b	y Action Towing.				//	/{ {						
					(/@							
					7 👜							
					_ //	((
1) have						
			J/ *									
					/ //	\						
CRASH REPORTED DATE / TIME			ATCH DATE / TIME	ARRIVAL DATE / TI			NE CLEARED DATE / TIME REPORT TAKEN BY POLICE AGENCY					
02/22/2	.022 21:18	02/	22/2022 21:19	02/22/2022 21:	24	02/22/202	MOTORIST					
TOTAL TIME	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	1	CHECKED BY OFFICER	R'S NAME*	1/4/60	<u> </u>				
TOUDSANT CLOSED	TATESTIGATION TIME	INIINOTES	Gaede, Seth OFFICER'S BAD		Searle, Cory			(CORRECTION OR ADDITION				
10	0	142	161		CHECKED BY	OFFICER'S BADGE N 1605	TO AN EXISTING REPORT SENT TO ODPS)					

46 - FENCE

48 - TREE

51 - WALL

47 - MAILBOX

49 - FIRE HYDRANT

50 - WORK ZONE MAINTENANCE

FOLIPMENT

53 - TUNNEL

54 - OTHER FIXED

OBJECT 99 - OTHER / UNKNOWN

UNIT SPEED

15

POSTED SPEED

/ CRASH CUSHION - BRIDGE OVERHEAD

STRUCTURE

27 - BRIDGE PIER OR

ARHTMENT

28 - BRIDGE PARAPET

GUARDRAIL FACE

FIRST HARMFUL EVENT

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

2

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

BARRIER

SUPPORT

40 - UTILITY POLE

42 - CULVERT

| MOST HARMFUL EVENT

41 - OTHER POST, POLE

OR SUPPORT

1 - STATED / ESTIMATED SPEED

DETECTED SPEED

OHIO DEP	Motorist / Non-Motorist								ŀ	LOCAL REPORT NUMBER 22–9955										
UNIT #	The state of the s								-	DATE OF BIRTH AGE GENDER										
1	BUCKLAND, DANNY, RAY							02/13/1952 70					70	М						
ADDRESS:	SS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
14599 E INJURIES	BY RD., CF	ESTON, O	H, 44217																	
NJURIES 2	RIES INJURED EMS AGENCY (NAME) TAKEN					TAKEN TO:	MEDICAL FACILITY (NAME	, CITY)	SAF USE	ETY EQUIPMENT D	DOT-COMPLIANT POSITION			AIR BA	AG USAGE	ELECTION	TRAPPED			
	BY 1						4			<u> </u>	MC HELMET 1				1 1		1			
OL STATE	TE OPERATOR LICENSE NUMBER OFFENSE CHARGE						GED	LOCAL CODE		FFENSE DESCR	IPTION	TION					CITATION NUMBER			
≥						.19A1H					HAS A CONCENTRATION ALCOHOL TEST				654 DRIV	TECT/	c)			
OL CLASS	ENDORSEMENT RESTRICTION SELECT UP TO 3		DRI DIS		ALCO	HOL / DRUG SUSP DHOL MARIJ		'	CONDITION	STATUS	TYPE	T		STATUS	TYPE	TEST(SELECT UP TO 4			
4	М	BY .			1	ОТНЕ	ER DRUG			6	4	4	.218		1	1				
UNIT #	NAME: LAS	T, FIRST, MID	DLE			-							DATE OF	BIRTH		\Box	AGE	GENDER		
_											<u> </u>					L				
	STREET, CITY	, STATE, ZIP									CONT	ACT PH	ONE - IN	CLUDE ARI	£A CODE					
INHIDIES	INJURED	EMS AGENCY	(NIAME)		INJURED	TAKEN TO: I	MEDICAL FACILITY (NAME,	. CITY)	SAF	ETY EQUIPMENT			SE	ATING	AIR B#	AG USAGE	EJECTION	I TRAPPED		
INO IND	TAKEN BY	LING AGENCI	(Indiate)					USE	D	DOT-COMPLIANT POSITION MC HELMET			SITION							
INJURIES OL STATE	OPERATOR	LICENSE NU	MBER		OFFEN	SE CHARG	ED .	LOCAL	OF	FENSE DESCR	IPTION				CITA	CITATION NUMBER				
TOR								CODE												
OL CLASS	ENDORSEMI	NT RESTRI	CTION SELECT UP TO 3	DRI	DRIVER ALCOHOL / DRUG SUSPECTED CONDITION					А	LCOH	OL TEST	r,	DRUG TEST(S)			S)			
				DIST BY	TRACTED	III		UANA			STATUS	TYPE	VAL	.UE :	STATUS	TYPE	RESULTS	SELECT UP TO 4		
UNIT #	NABAT-1AC	T FIRST MID	DIF			L OINE	ER DRUG		ــــــــــــــــــــــــــــــــــــــ	-			DATE OF	DIDTU	—	<u> </u>	AGE	GENDER		
ONII #	NAIVIE: LAS	T, FIRST, MID	, .										DAILO	ыкт			701	GENDER		
ADDRESS:	STREET, CITY,	STATE, ZIP									CONT	ACT PH	ONE - INC	CLUDE ARE	EA CODE					
INJURIES OL STATE																				
INJURIES INJURED EMS AGENCY (NAME) TAKEN					INJURED	TAKEN TO:	MEDICAL FACILITY (NAME,	USED DOT-COMPLIANT POSITION						,G USAGE	EJECTION	TRAPPED				
ON Z	BY									MC HELMET				<u> </u>						
OL STATE	OL STATE OPERATOR LICENSE NUMBER				OFFEN	SE CHARG	iED	LOCAL	OF	FENSE DESCRI	PTION				CITAT	TION NU	JMBER			
MOI				1	<u> </u>		/		1		Δ	COM	OL TEST			DRIIG	TEST(57		
OL CLASS	ENDORSEME	RESTR	CTION SELECT UP TO 3		VER FRACTED	!—	HOL / DRUG SUSPI		'	CONDITION	STATUS	TYPE	VAL		STATUS	TYPE		SELECT UP TO 4		
				ВҮ		OTHE	R DRUG						<u> </u> .							
INJU	JRIES		NG POSITION	and the second state of	AIR BA	G	OL CLA	SS	0	OL RESTRIC	rion(s		IVER DI		1000000	Marian Park	EST STA	TUS		
1 - FATAL 2 - SUSPECTED	SERIOUS	(MOTO	RCYCLE DRIVER)	1 - NOT DE 2 - DEPLOY	/ED FRON	ıτ	1 - CLASS A 2 - CLASS B		1 0	ALCOHOL INTER DEVICE		2-1	NOT DISTRA	OPERATIO		2 - TEST	NE GIVEN PREFUSED			
INJURY 3 - SUSPECTED		3 - FRONT	- RIGHT SIDE	3 - DEPLOY 4 - DEPLOY FRONT/	ED BOTH		3 - CLASS C		3-0	CDL INTRASTATI CORRECTIVE LEN		C	COMMUNIC	ATION DE	VICE		ITAMINATE	D SAMPLE		
INJURY 4 – POSSIBLE IN		(MOTO	ICICEL MODERACIO	5 - NOT AF 9 - DEPLOY	PPLICABLE		4 - REGULAR CLA (OHIO = D)	SS .	5 - 1	FARM WAIVER EXCEPT CLASS A EXCEPT CLASS A		г	TEXTING, T NALING (ALKING OI		FREE	4 - TEST	IUSABLE FGIVEN, JLTS KNOW	ra i		
5 - NO APPARE		6 - SECON	D - MIDDLE D - RIGHT SIDE - LEFT SIDE	unite ii E			5 - M/C MOPED (ONLY		& CLASS B BUS EXCEPT TRACTO		. 4-7	OMMUNIC	HAND-F	1ELD :	5 - TEST				
INJURIES	TAKEN BY	(A 40TO	RCYCLE SIDE CAR)	1 - NOT EJI	JECTIO ECTED	IN .	6 - NO VALID OL			INTERMEDIATE L RESTRICTIONS		5 - 0	OMMUNIC	IVITY WITI	L AM			ST TYPE		
1 - NOT TRAN		9 - THIRD	- RIGHT SIDE	2 - PARTIAI 3 - TOTALL			OL ENDORS	EMENT	F	LEARNER'S PERN RESTRICTIONS		∮6 - F	LECTRONIC PASSENGER OTHER DIST		titi tiliku k	1 - NON 2 - BLOC				
2 - EMS	n, perine		UCK CAB	4 - NOT AP	35,000,000	\$880h./ N.I. j	H - HAZMAT ■ M - MOTORCYCL	E		· LIMITED TO DA ONLY · LIMITED TO EM		- 1	NSIDE THE	VEHICLE		3 - URIN 4 - BREA				
3 - POLICE 9 - OTHER / U	NKNOWN	OTHE	R ENCLOSED CARGO	1 - NOT TR	RAPPE Apped	ט	P - PASSENGER		12 -	LIMITED - OTHI	R	i c	OUTSIDE TH	IE VEHICLE		5 - OTH				
SAFETY E		12 - PASSE	NGER IN		NICAL ME	ANS	N - TANKER Q - MOTOR SCO	OTER		(SPECIAL BRAKE CONTROLS, OR				NOITIC		1 - NON		ТҮРЕ		
1 - NONE USE	D	13 - TRAIL				AL MEANS	R - THREE-WHEEL -MOTORCYCLE		14 -	ADAPTIVE DEVI	LES ONLY	2 - P	PPARENTL HYSICAL IN	IPAIRMEN	٩T	2 - BLOC 3 - URIN	JE .			
USED	· Fil. Territorialistic App patri Para al Elizabi Meleksika					S - SCHOOL BUS			MOTOR VEHICI WITHOUT AIR E OUTSIDE MIRRO	RAKES	Ð	DEPRESSED, ANGRY.			4 - OTHER DRUG TEST RESULT(S)					
3 - LAP BELT OF 4 - SHOULDER		15 - NON-	MOTORIST R/UNKNOWN				T - DOUBLE & TR TRAILERS		17 -	PROSTHETIC AI OTHER		4 - 11	LLNESS ELL ASLEEP	FAINTED		1 - AMPI	HETAMINES BITURATES	St. do Nigolytic		
USED 5 - CHILD RESTI						V 2500	X - TANKER / HAZ	ZMAT		400 (E. E. E.		_ F	ATIGUED, E	TC.		3 - BENZ	ODIAZEPIN NABINOIDS			
- FORWARD 6 - CHILD RESTI - REAR FACII	RAINT SYSTEM			9 P		21.50.00	GENDE	R	1			N	MEDICATION		is/	5 - COC#				
7 - BOOSTER SE 8 - HELMET USE	AT .					2.9.2	F - FEMALE M - MALE						OTHER / UN	IKNOWN		7 - OTHE				
9 - PROTECTIVE (ELBOWS, K	PADS USED		2 10 15 03 03 03 03 03 03 03 03 03 03 03 03 03				U - OTHER / UNK	NOWN	150									gandigaser i		
10 - REFLECTIVE	E CLOTHING							Addison to										Epityanii -		
/ BICYCLE C	DNLY		1 CONSTRUCTOR (1)								- 304 Q									

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER 22-9955							
UNIT #	NAME: LA	ST, FIRST, MIDDLE	DA	3333	AGE	GENDER									
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
INJURIE	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	E EJECTION	TRAPPED					
UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH							
ADDRESS: STREET, CITY, STATE, ZIP								ONTACT PHONE - INCLUDE AREA CODE							
INJURIES	ES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT DOT-COMPILANT MC HELMET SEATING POSITION						E EJECTION	TRAPPED				
UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH							
ADDRESS	: STREET, CIT	Y, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (I	NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED				
UNIT #	NAME: LA	NAME: LAST, FIRST, MIDDLE						TE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N	NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED				
	IN.	IURIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	JSAGE					
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - CHILD INJURED TAKEN BY 1 - NOT TRANSPORTED / 6 - CHILD TREATED AT SCENE REAR 2 - EMS 7 - BOOS 3 - POLICE 8 - HELMI 9 - OTHER / UNKNOWN 9 - PROTE (ELBO GENDER 10 - REFLI F - FEMALE 11 - LIGHT M - MALE			2 - SHOULE 3 - LAP BEL 4 - SHOULE 5 - CHILD R FORWA 6 - CHILD R REAR FA 7 - BOOSTE 8 - HELMET 9 - PROTEC (ELBOW 10 - REFLEC 11 - LIGHTII / BICYC	R SEAT	2 - FRON 3 - FRON 4 - SECO (MOT 5 - SECO 6 - SECO 7 - THIRE (MOT 8 - THIRE 10 - SLEE 11 - PAS: CARE SUC 12 - PAS: CARE 13 - TRAI 14 - RIDII (NON 15 - NON	FORCYCLE DRIVE IT - MIDDLE IT - RIGHT SIDE ND - LEFT SIDE ORCYCLE PASSE ND - MIDDLE ND - RIGHT SIDE ORCYCLE SENGER IN OTHI H AS A BUS, PICK-UI SENGER IN UNE GO AREA ILING UNIT ING ON VEHICLE -TRAILING UNIT ING ON VEHICLE	NGER) F TRUCK CAB ER ENCLOSED RAILING UNIT WITH CAP) NCLOSED EXTERIOR	EJECTION EJECTED ALLY EJECTE LLY EJECTE APPLICABLE TRAPPED TRAPPED CATED BY ANICAL ME	D SIDE D BOTH DE LICABLE IENT UNKNOWN EJECTION TED Y EJECTED EJECTED LICABLE TRAPPED PPED ED BY CAL MEANS						
<u> </u>	AST, FIRST, MI							TE OF BIRTH		AGE	GENDER				
ADDRESS	: STREET, CIT	r, state, zip					CONTACT PHONE	_	A CODE						
NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDE							
ADDRESS: STREET, CITY, STATE, ZIP								ONTACT PHONE - INCLUDE AREA CODE							
NAME: LAST, FIRST, MIDDLE							DAT	ATE OF BIRTH AGE GENDER							
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	CONTACT PHONE - INCLUDE AREA CODE							