| *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT         |   |                                 |  |                          | LOCAL REPORT NUMBER*   |                                       |  |  |  |
|---|---|---------------------------------|--|--------------------------|--|---------------------------------------|--|--|--|
| 0H-2 0  | 1.00  | AL INFORMATION                  |  |                          | 1 9 - 0 1  | 3 9 7 5                               |  |  |  |
| PHOTOS TAKEN OH-1P 0  | THER REP  | PORTING AGENCY NAME*            |  | NCIC*                    | HIT/SKIP   | NUMBER OF UNITS                       | UNIT IN ERROR                          |  |  |
| SECONDARY CRASH PRIVATE PRO   | PERTY BU  | JTLER TWP PD                    | <u> </u>   | 5724                     | 1 - SOLVED<br>LJ 2 - UNSOLVED  | 1                                     | <b>1</b> 98 - ANIMAL<br>1 99 - UNKNOWN |  |  |
| 1 - CITY  | ION: CITY, VILI   | LAGE,TOWNSHIP*                  |  |                          | CRASH DATE/T   |                                       | RASH SEVERITY<br>1 - FATAL             |  |  |
| 5 7 3 3 - TOWNSHIP Butler   |   |                                 |  |                          | 0 3 0 3 2 0 1 9 10 0 5 1 2 - SERIOUS INJURY  |                                       |  |  |  |
|   | OUTH  | ATION ROAD NAME                 |  | ROADTYPE                 | LATITUDE DEC   |                                       | SUSPECTED<br>3 - MINOR INJURY          |  |  |
| 3 - E   |   | EDERI CK                        |  | Р                        | 39 - 8965  | 9 7                                   | SUSPECTED                              |  |  |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - N 2 - S  | IORTH REF   | ERENCE ROAD NAME (ROAI          | D, MILEPOST, HOUSE #)  | ROADTYPE                 | LONGITUDE DE   |                                       | 4 - INJURY POSSIBLE                    |  |  |
| 2 - S<br>3 - E<br>2   |   | 349                             |  |                          | <u> </u>   |                                       | 5 - PROPERTY DAMAGE<br>ONLY            |  |  |
| REFERENCE POINT DIRECTION FROM REFERENCE  | l   | ROUTETYPE                       | ROAD TYPE  |                          | I  | NTERSECTION RELAT                     | ED                                     |  |  |
| 1 - INTERSECTION 1 - NORTH 2 - MILE POST 2 - SOUTH  |   |                                 |  | RD - ROAD<br>SQ - SQUARE | WITHIN INTER   | RSECTION OR ON APPRO                  | )ACH                                   |  |  |
| 3 - HOUSE # 3 - EAST<br>4 - WEST  |   | TE ROUTE B                      |  | ST - STREET              | WITHIN INTER   | RCHANGE AREA NU                       | MBER OF APPROACHES                     |  |  |
| DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE  | CR - NUM  | ARERED COLINITY ROLLTE I        |  | E - TERRACE<br>L - TRAIL |  | ROADWAY                               |  |  |  |
| 1 - MILES<br>2 - FEET   | TR - NUM<br>ROU   | II-                             | R - DRIVE PI - PIKE \  | VA - WAY                 | ROADWAYDIV   | IDED                                  |  |  |  |
| 3-YARDS   |   |                                 | IE - HEIGHTS PL - PLACE  |                          |  |                                       |  |  |  |
| LOCATION OF FIRST HARMFU<br>1 - ON ROADWAY 9 - CRO  | SSOVER  |                                 | .NNEROFCRASH COLLISION/IMPA<br>IT COLLISION 4 - REAR-TO-REAR   | СТ                       | DIRECTION OF TRAVEL  |                                       | AN TYPE                                |  |  |
| 1 2-ON SHOULDER 10-DRI  | IVEWAY/ALLE   | EY ACCESS 1 BE                  | TWEEN 5 - BACKING  |                          | 1 - NORTH<br><sub>1 2</sub> - SOUTH  | (<4 FEE                               |  |  |  |
| 4 - ON ROADSIDE 12-SH   | ILWAY GRADE<br>ARED USE PA                                | CKO22ING   NE                   | HICLESIN 6-ANGLE<br>RANSPORT 7-SIDESWIPE,SAM   | E DIRECTION              | 3 - EAST<br>4 - WEST   | 2 - DIVIDED FLUSH MEDIAN<br>(≥4 FEET) |  |  |  |
| 5 - ON GORE TRA<br>6 - OUTSIDE TRAFFIC WAY 13-BIK   | AILS<br>FLANE   |                                 | AR-END 8 - SIDESWIPE, OPPO<br>AD-ON 9 - OTHER / UNKNON   |                          | 1 **251  |                                       | , DEPRESSED MEDIAN<br>, RAISED MEDIAN  |  |  |
| 7 - ON RAMP 14-TOL  | L BOOTH   |                                 | AD-ON 9-OTHER/ONKNO  | IVIN                     |  | (ANY TY                               | PE)                                    |  |  |
| 8 - OFF RAMP 99-011   | HER / UNKNO   | WN                              | 1  |                          |  |                                       |  |  |  |
| WORK ZONE RELATED   |   | ORK ZONE TYPE<br>E Closure      | LOCATION OF CRASH IN WO  |                          | CONTOUR  | CONDITIONS                            | SURFACE                                |  |  |
| WORKERS PRESENT   |   | E SHIFT/CROSSOVER               | WARNING SIGN   |                          |  | 1                                     | 2                                      |  |  |
| LAW ENFORCEMENT PRESENT   |   | K ON SHOULDER<br>EDIAN          | 2 - ADVANCE WARNIN  3 - TRANSITION ARE A   |                          |  | 1 - DRY<br>2 - WET                    | 1 - CONCRETE<br>2 - BLACKTOP,          |  |  |
| ACTIVE SCHOOL ZONE  |   | RMITTENT OR MOVING WOF          |  | ΓΛ.                      | 3 - CURVE LEVEL  | 3 - SNOW                              | BITUMINOUS,<br>ASPHALT                 |  |  |
|   | 5 - OTHE  |                                 | 5 - TERMINATION AR   | LA                       | 4 - CURVE GRADE  | 4 - ICE                               | 3 - BRICK/BLOCK                        |  |  |
| <b>LIGHT CONDITION</b><br>1 - Daylight  |   | WEAT<br>1-CLEAR                 | HER<br>6 - SNOW  |                          | 9-0THER/UNKNOWN  | 5 - SAND, MUD, DIRT,<br>OIL, GRAVEL   | 4 - SLAG, GRAVEL,<br>STONE             |  |  |
| , 4 , 2 - DAWN/DUSK   |   | 1 2-CLOUDY                      | 7 - SEVERE CROSSWINDS  |                          |  | 6 - WATER (STANDING,                  | 5 - DIRT                               |  |  |
| 3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED   |   | 3 - FOG, SMOG, SMOR<br>4 - RAIN | KE 8 - BLOWING SAND, SOIL, DIRT<br>9 - FREEZING RAIN OR FREEZ  |                          |  | MOVING)<br>7 - SLUSH                  | 9 - OTHER/UNKNOWN                      |  |  |
| 5 - DARK – UNKNOWN ROADWAY LIC  | GHTING  | 5 - SLEET, HAIL                 | 99 - OTHER / UNKNOWN   |                          |  | 9 - OTHER/UNKNOWN                     |  |  |  |
| 9 - OTHER / UNKNOWN   |   |                                 |  |                          |  |                                       |  |  |  |
| NARRATIVE -Unit #1 was traveling north on Frederick Pike in the northbound lane                       |   |                                 |  |                          |  |                                       |  |  |  |
| and when at 10335 Frederick Pike,   |   |                                 |  |                          | Fig.   |                                       |  |  |  |
| and crossed the center line, ran off the left side of the roadway. Unit                               |   |                                 |  |                          | वितरिक्ष स्थित   |                                       |  |  |  |
| #1 struck a utility box, mailbox, trave   | _   | •                               | nd –   | <b>1</b>                 |  |                                       |  |  |  |
| came to rest just north of 10349 Fre  | came to rest just north of 10349 Frederick Pike driveway. |                                 |  |                          |  |                                       |  |  |  |
| _   |   |                                 |  |                          | in the state of th |                                       | NOT TO SCALE                           |  |  |
|   |   |                                 | -  |                          |  |                                       | _                                      |  |  |
|   |   |                                 | 1 0349 Frede   | rtick Pike               | Marie Prederic   |                                       |  |  |  |
| -   |   |                                 |  |                          | APINO .  |                                       |  |  |  |
| -   |   |                                 |  |                          | a l  |                                       | _                                      |  |  |
| -   |   |                                 |  |                          | edericke   |                                       |  |  |  |
| _   |   |                                 |  |                          | P  |                                       |  |  |  |
|   |   |                                 | The state of the s | The Control of           |  |                                       | -                                      |  |  |
|   |   |                                 |  | 100                      | Goog   | gie Lange                             |  |  |  |
| CRASH REPORTED DATE/TIME  | DISP  | ATCH DATE / TIME                | ARRIVAL DATE/TIME  |                          | SCENE CLEARED  | DATE/TIME                             | REPORT TAKEN BY                        |  |  |
| <br> 0,3,0,3,2,0,1,9, 0,05,1, 0   | 0 3 0 3 2   | 2,0,19,0052                     | 0,3,0,3,2,0,1,9,0  | 1 0 2 0                  | 3 0 3 2 0 1 9  | 0148                                  | POLICE AGENCY                          |  |  |
| TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY OFFICER   |   |                                 |  |                          | MOTORIST   |                                       |  |  |  |
| ADWAY CLOSED INVESTIGATION TIME MINUTES Ofc. Benton Smith Sgt. Todd  OFFICER'S BADGE NUMBER*  CHECKED |   |                                 |  | CORRECTION OF ADDIT      |  |                                       |  |  |  |
| 1   0     6   0   | 1 1 6   | 0 OFFICER'S B                   | ADGE NUMBER*   | CHECKED E                | OF OFFICER'S BAUGE N   | OMBEK                                 | TO AN EXISTING REPORT SENT TO ODPS)    |  |  |
|   |   | <u></u>                         |  |                          |  |                                       |  |  |  |

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| CHOO DEPARTMENT MOTORIST / NON-MOTORIST |  |  |                             |                         | LOCAL REPORT NUMBER                    |                                   |  |                                   |   |             |  |                  |
|---|--|--|-----------------------------|-------------------------|--|-----------------------------------|--|-----------------------------------|---|-------------|--|------------------|
|   |  |  |                             |                         | 1 9 -                                  | 0 1 3 9                           | 7 5  |                                   |   |             |  |                  |
| UNIT #                                  | HARREN CHETONI   |  |                             |                         |  | DATE OF BIRTH AGE GENDER          |  |                                   |   |             |  |                  |
| HARDEN, CLIFTON I                       |  |  |                             |                         |  |                                   | 0  4  /  1  7  /  1  9  8  7     3  1   M  |                                   |   |             |  |                  |
| ADDRESS: STREET, CITY, STATE, ZIP       |  |  |                             |                         |  | CONTACT PHONE - INCLUDE AREA CODE |  |                                   |   |             |  |                  |
| IN III VE                               | 110 VENETIAN WAY, UNION, OH, 45377 INJURIES INJURED   EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT |  |                             |                         |  | ( 9                               | 3 7 )                                      | _                                 | 3 O 5 G USAGE EJECTION                      | TRAPPED     |  |                  |
| 110 VE<br>INJURIES<br>5                 | TAKEN<br>BY  | EMB ROENO I (MAME)                                     |                             | INSUNEDTAKENT           | o. MEDIORE I ROIEITI                   | UVAMIL, GITTI                     | USED 0 4                                   | DOT-COM<br>MC HEL                 | PLIANT                                      |             | 1 1  | . 1 .            |
| OL STATE                                |  |  |                             | OFFENSE CHA             | ARGED                                  | LOCAL                             | OFFENSE DESC                               |                                   |   | CITA        | ITATION NUMBER                             |                  |
| O H                                     | redacted   | per ORC 4501:1-12                                      |                             | 4511.202                | 11.202 GODE Failure to C               |                                   |  | Control 003800                    |   |             |  |                  |
| OL CLASS                                | ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT                                     |                             | RACTED -                | OHOL/DRUG SUSP                         |                                   | CONDITION                                  | ALCO<br>STATUS TYP                | HOLTEST<br>Pe Value                         | STATUS      | DRUG TEST(S                                | T SELECT UPTO 4  |
| 4 .                                     |  |  | BY                          |                         |  | RIJUANA                           | 1 .  | 1 1 1                             |   | 1 1         | 1   1                                      |                  |
| UNIT #                                  | NAME: LAST, F  | EIRST MIDDLE   |                             | <b>L</b> j (            | THER DRUG                              |                                   | <u> </u>                                   | <u>'</u>    <u>'</u>              | DATE OF BIRTH                               | 4           | AGE  | GENDER           |
| 01111 #                                 | MAINE: CASI, I   | INS I, WILDUCE   |                             |                         |  |                                   |  |                                   |   |             | Aut  |                  |
| ADDRESS:                                | STREET, CITY, ST.  | ATE, ZIP   |                             |                         |  |                                   |  | CONTACT PHONE - INCLUDE AREA CODE |   |             |  |                  |
| TORI                                    |  |  |                             |                         |  |                                   |  |                                   |   |             |  |                  |
| INJURIES                                | INJURED I  | EMS AGENCY (NAME)                                      |                             | INJURED TAKEN T         | 0: MEDICAL FACILITY                    | (NAME, CITY)                      |  | DOT-COM                           | SEATING POSI                                | TION AIR BA | G USAGE EJECTION                           | TRAPPED          |
| NON                                     | BY   |  |                             |                         |  |                                   | USED                                       | MC HEL                            | MET   | _           |  |                  |
| OL STATE                                | OPERATOR L   | ICENSE NUMBER  |                             | OFFENSE CHA             | RGED                                   | LOCAL                             | OFFENSE DESC                               | RIPTION                           |   | CITA        | TION NUMBER                                |                  |
|   |  | 1  |                             |                         |  |                                   |  | 41.00                             | NIOL TEGT                                   |             | BBU 5 TEST(5                               | • •              |
| ≥ OL CLASS                              | SELECT UP TO 2   | RESTRICTION SELECT                                     |                             | DACTED -                | COHOL/DRUGSUSPI<br>Alcohol   Mai       |                                   | CONDITION                                  | STATUS TYP                        | PE VALUE                                    | STATUS      | TYPE RESUL                                 | T SELECT UPTO 4  |
|   |  |  |                             |                         | THER DRUG                              |                                   |  |                                   |   |             |  |                  |
| UNIT #                                  | UNIT # NAME: LAST, FIRST, MIDDLE   |  |                             |                         | DATE OF BIRTH AGE GE                   |                                   |  |                                   | GENDER                                      |             |  |                  |
|   |  |  |                             |                         |  |                                   |  |                                   |   |             |  |                  |
| ADDRESS:                                | ADDRESS: STREET, CITY, STATE, ZIP  |  |                             |                         |  | CONTACT PHONE - INCLUDE AREA CODE |  |                                   |   |             |  |                  |
|   |  |  |                             |                         |  |                                   | 1  |                                   |   | _           |  |                  |
| INJURIES                                | INJURED I<br>TAKEN<br>BY   | EMS AGENCY (NAME)                                      |                             | INJURED TAKEN T         | 0: MEDICAL FACILITY                    | (NAME, CITY)                      | SAFETY EQUIPMENT<br>USED                   | DOT-COM                           |   | TION AIR BA | G USAGE   EJECTION                         | TRAPPED          |
|   |  |  | OFFENSE CHA                 | IRCEN .                 | LOCAL                                  | DEFENSE DESC                      | DEFENSE DESCRIPTION CITATION NUI           |                                   |   | TION NUMBER |  |                  |
| ORIS                                    | OT ENATOR E  | TO ENGLINO IN DEN                                      |                             | OTT ENGE STIP           |  | CODE                              | OTTENSE BESS                               |                                   |   | J. IA       | TON NOMBER                                 |                  |
| ol class                                | ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT                                     |                             |                         | OHOL/DRUG SUSP                         | ECTED                             | CONDITION                                  | ALCO<br>STATUS TYP                | HOLTEST<br>Pe Value                         | STATUS      | DRUG TEST(S                                | T SELECT UPTO 4  |
|   | SELECT OPTO 2  |  | BA                          |                         |  | RIJUANA                           |  | STATUS TTT                        | VALUE                                       | STATUS      | TIPE RESUL                                 | I SELECTOPIU4    |
| INIII                                   | RIES   | SEATING POSITION                                       |                             | IR BAG                  | OTHER DRUG<br>OL CLAS                  | c                                 | OL RESTRIC                                 | TION(S)                           | DRIVER DISTR                                | NCTION      | TEST STA                                   | ATUS             |
| 1 - FATAL                               | KIES   | 1 - FRONT - LEFT SIDE                                  | 1 - NOT DEP                 |                         | 1 - CLASS A                            | 3                                 | 1 - ALCOHOL INTER                          |                                   | 1 - NOT DISTRACTED                          | ACTION      | 1 - NONE GIVEN                             | ATUS             |
| 2 - SUSPECTED<br>3 - SUSPECTED          | SERIOUS INJURY   | (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE              | 2 - DEPLOYE                 |                         | 2 - CLASS B<br>3 - CLASS C             |                                   | 2 - CDL INTRASTAT<br>3 - CORRECTIVE LE     |                                   | 2 - MANUALLY OPERA<br>ELECTRONIC COMP       |             | 2 - TEST REFUSED                           | NIT A MAIN AT ED |
| 4 - POSSIBLE IN                         |  | 3 - FRONT - RIGHT SIDE                                 | 3 - DEPLOYE<br>4 - DEPLOYE  | ED BOTH FRONT / SIDI    | 4 - REGULAR CLASS                      |                                   | 4 - FARMWAIVER                             | INOCO                             | DEVICE (TEXTING,<br>DIALING)                |             | 3 - TEST GIVEN, CON<br>SAMPLE / UNUS.      | ABLE             |
| 5 - NO AP PAR EN                        | IT INJURY  | 4 - SECOND – LEFT SIDE<br>(MOTORCYCLE PASSENGER)       | 5 - NOT APP                 | LICABLE<br>MENT UNKNOWN | (OHIO = D)<br>5 - M/C MOPED ONLY       |                                   | 5 - EXCEPT CLASS                           |                                   | 3 -TALKING ON HAND<br>COMMUNICATION D       |             | 4 - TEST GIVEN, RES<br>5 - TEST GIVEN, RES |                  |
|   | TAKEN BY   | 5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE         | 9 - DEPLUTI                 | WENT UNKNOWN            | 6 - NO VALID OL                        |                                   | 6 - EXCEPT CLASS<br>& CLASS B BUS          |                                   | 4 -TALKING ON HAND                          | HELD        | UNKNOWN                                    |                  |
| 1 - NOT TRANSP<br>/TREATED AT           |  | 7 -THIRD - LEFT SIDE                                   | EJ                          | ECTION                  | OL ENDORSE                             | MENT                              | 7 - EXCEPT TRACTO<br>8 - INTERMEDIATE      |                                   | COMMUNICATION D<br>5 - OTHER ACTIVITY W     |             | ALCOHOL TE                                 | ST TYPE          |
| 2 - EMS                                 |  | (MOTORCYCLE SIDE CAR)<br>8 -THIRD – MIDDLE             | 1 - NOT EJEC<br>2 - PARTIAL |                         | H - HAZMAT                             |                                   | RESTRICTIONS                               |                                   | ELECTRONIC DEVI<br>6 - PASSENGER            | CE          | 1 - NONE<br>2 - BLOOD                      |                  |
| 3 - POLICE<br>9 - OTHER / UNK           | NOWN   | 9 -THIRD - RIGHT SIDE                                  | 3-TOTALLY                   |                         | M - MOTORCYCLE<br>P - PASSENGER        |                                   | 9 - LEARNER'S PER<br>RESTRICTIONS          |                                   | 7 - OTHER DISTRACTION                       |             | 3 - URINE                                  |                  |
| SAFETY E                                | QUIPMENT   | 10 - SLEEPER SECTION<br>OF TRUCK CAB                   | 4 - NOT APP                 | LICABLE                 | N - TANKER                             |                                   | 10 - LIMITED TO DAY<br>11 - LIMITED TO EMI |                                   | INSIDE THE VEHIC<br>8 - OTHER DISTRACTION   |             | 4 - BREATH<br>5 - OTHER                    |                  |
| 1 - NONE USED                           |  | 11 - PASSENGER IN OTHER<br>ENCLOSED CARGO AREA         | TF                          | RAPPED                  | Q - MOTOR SCOOTER  R -THREE-WHEEL MO   | OTORCYCLE                         | 12 - LIMITED - OTHE                        |                                   | THE VEHICLE 9 - OTHER / UNKNOWN             |             | DRUG TEST                                  | TYPE             |
| 2 - SHOULDER B<br>3 - LAP BELT ON       |  | (NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP)          | 1 - NOT TRAI<br>2 - EXTRICA |                         | S - SCHOOL BUS                         |                                   | 13 - MECHANICAL D<br>(SPECIAL BRAK         | ES, HAND                          |   |             | 1 - NONE                                   |                  |
|   | LAP BELT USED  | 12 - PASSENGER IN UNENCLOSED<br>CARGO AREA             | MECHAN                      | ICAL MEANS              | T - DOUBLE & TRIPLE X -TANKER / HAZMAT |                                   | CONTROLS, OR O<br>ADAPTIVE DEVI            |                                   | CONDITIO<br>1 - APPARENTLY NORM             |             | 2 - BLOOD<br>3 - URINE                     |                  |
| 5 - CHILD RESTF<br>FORWARD FA           |  | 13 -TRAILING UNIT                                      | 3 - FREED B<br>NON-MEC      | Y<br>CHANICAL MEANS     |  |                                   | 14 - MILITARY VEHIO                        |                                   | 2 - PHYSICAL IMPAIRM                        |             | 4 - OTHER                                  |                  |
| 6 - CHILD RESTF<br>REAR FACING          | RAINT SYSTEM-<br>G   | 14 - RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT) |                             |                         |  |                                   | AIR BRAKES                                 |                                   | 3 - EMOTIONAL (E.G., D<br>ANGRY, DISTURBED) | EPRESSED,   | DRUG TEST R                                |                  |
| 7 -BOOSTER SE                           | AT   | 15 - NON-MOTORIST                                      |                             |                         |  |                                   | 16 - OUTSIDE MIRRO<br>17 - PROSTHETIC AII  |                                   | 4 - ILLNESS<br>5 - FELL ASLEEP, FAIN        | TED         | 1 - AMPHETAMINES<br>2 - BARBITURATES       |                  |
| 8 - HELMET USE<br>9 - PROTECTIVE        |  | 99 - OTHER / UNKNOWN                                   |                             |                         |  |                                   | 18 - OTHER                                 |                                   | FATIGUED, EŤC.                              | .           | 3 - BENZODIAZEPIN                          |                  |
| (ELBOW, KNE                             | EES, ETC.)   |  |                             |                         |  |                                   |  |                                   | 6 - UNDER THE INFLUE<br>OF MEDICATIONS /    |             | 4 - CANNABINOIDS<br>5 - COCAINE            |                  |
| 10 - REF LECTIVE<br>11 - LIGHTING - F   |  |  |                             |                         |  |                                   |  |                                   | /ALCOHOL<br>9 - OTHER/UNKNOWN               |             | 6 - OPIATES / OPIOI                        | DS               |
| /BICYCLE ON<br>99 - OTHER / UNK         | NLY  |  |                             |                         |  |                                   |  |                                   |   |             | 7 - OTHER                                  | 2111             |
| ,, JITILKI UNK                          |  |  |                             |                         |  |                                   |  |                                   |   |             | B - NEGATIVE RESU                          | ILI 2            |

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52-BUILDING

53 - TUNNEL

54-OTHER FIXED OBJECT

99 - OTHER / HINKNOWN

7 0

POSTED SPEED

0

STRUCTURE

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

29 - BRIDGE RAIL

☐ FIRST HARMFUL EVENT

SUPPORT

40 - LITTL ITY POLE

41 - OTHER POST, POLE

OR SUPPORT

46 - F FNCE

48-TREE

47 - MAILBOX

49-FIRE HYDRANT

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

2

36 - MEDIAN OTHER BARRIER 42 - CULVERT

RARRIER

BARRIER

1 2 - CALCULATED / EDR

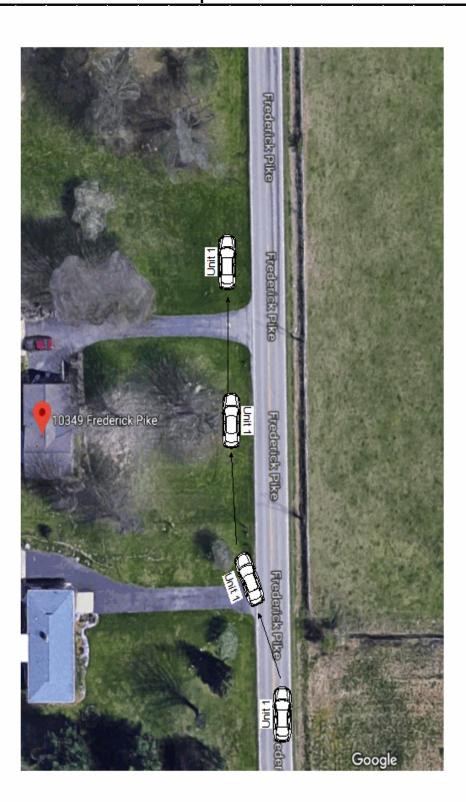
3 - UNDETERMINED

1 - STATED / ESTIMATED SPEED



## OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

| LOCAL REPORT NUMBER | REPORTING AGENCY     | DATE OF CRASH  |
|---------------------|----------------------|----------------|
| 19-013975           | BUTLER TWP PD        | M 3 D 3 Y 2019 |
| IN COUNTY OF        | CRASH LOCATION       |                |
| MONTGOMERY          | 10349 FREDERICK Pike |                |





NOT TO SCALE

OFFICER'S SIGNATURE

X Ofc. Benton Smith

BADGE NUMBER

12