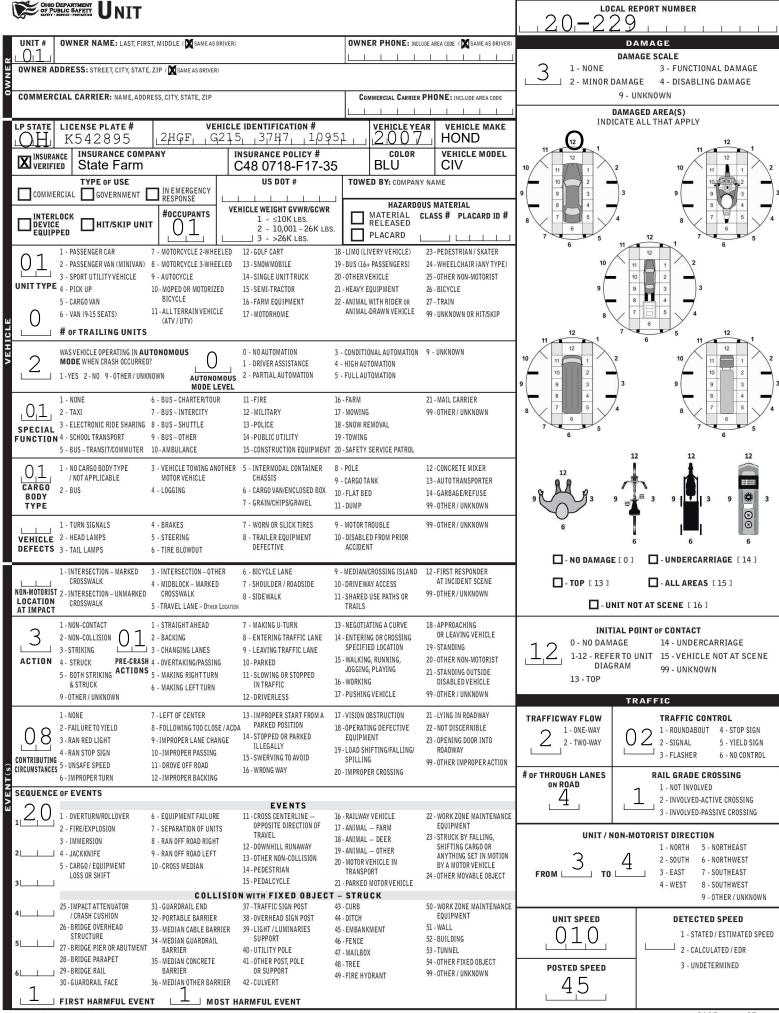
OF PUBLIC SAFETY MARKY - SERVICE - PROTECTION TRAFFIC CRASH	REPORT *DENOTES MAIL LOCAL INFORMATION	20-229								
PHOTOS TAKEN OH-2 OH-3		<u> </u>								
OH-1P OTHER SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME* Franklin Police Depar	0.4	NCIC* 8,3,0,1,	HIT/SKIP 1 - SOLVED						
COUNTY* LOCALITY* LOCATION: CI	9 9 9 -	CRASH DATE / TIME * CRASH SEVERITY								
83 1 2-CITY 2-VILLAGE 3-TOWNSHIP Franklin				09012020 1900 5 1-FATAL 2-SERIOUS INJURY						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES SUSPECTED						
	2ND		ST	39, 563	3468	3 - MINOR INJURY SUSPECTED				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, Wells Bridge	MILEPOST, HOUSE #)	ROAD TYPE		ECIMAL DEGREES	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE				
		ROAD TYPE	DR	-84,276718 5- PROPERTY DAMAI						
	ROUTE TYPE - INTERSTATE ROUTE(TP) AL	D - ROAD	INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH							
3 - HOUSE #	- FEDERAL US ROUTE AV	Q - SQUARE T - STREET								
DISTANCE DISTANCE CR	- STATE ROUTE - NUMBERED COUNTY ROUTE	- CIRCLE OV - OVAL TI	E - TERRACE							
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR	- NUMBERED TOWNSHIP DR		L - TRAIL 'A - WAY							
2 - FEET	ROUTE	- HEIGHTS PL - PLACE		ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVE		NER OF CRASH COLLISION/IMPAC COLLISION 4-REAR-TO-REAR	т	DIRECTION OF TRAVE	300000	DIAN TYPE				
O 1 2 - ON SHOULDER 10-DRIVEWA	Y/ALLEY ACCESS 2 BET	WEEN 5 - BACKING		1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)						
4 - ON ROADSIDE 12-SHARED U		ICLES IN 6 - ANGLE NSPORT 7 - SIDESWIPE, SAME	DIRECTION	3 - EAST 4 - WEST	(≥4 F	successors of				
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LAN	2 - REAI E 3 - HEAI	1 2 3 3			4 - DIVID	ED, DEPRESSED MEDIAN ED, RAISED MEDIAN				
7 - ON RAMP 14-TOLL B00 8 - OFF RAMP 99-OTHER / U					(ANY) 9 - OTHER	TYPE) R/UNKNOWN				
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE				
1	- LANE CLOSURE - LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST W WARNING SIGN	VORK ZONE	1 1	_1	2				
<u>-</u>	- WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE						
4	- INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE						
ACTIVE SCHOOL ZONE 5	- OTHER	5 - TERMINATION ARE	IA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK				
LIGHT CONDITION 1 - DAYLIGHT	WEATHI 1 - CLEAR	ER 6 - SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, STONE						
⊥ 2 - DAWN/DUSK	2 - CLOUDY	7 - SEVERE CROSSWINDS	0.1.01.1		6 - WATER (STANDIN MOVING)	015 000000000				
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	8 - BLOWING SAND, SOIL, DIRT, 9 - FREEZING RAIN OR FREEZI			7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN	1				
NARRATIVE	1		L I			Indicate the north				
Unit # 2 was traveling west-bound on E.					++++	direction with an "N" on the				
bound on E. 2nd St. behind Unit # 2. While light at the intersection of Wells Bridge D						compass diagram.				
Unit # 2.			Te							
			idge Dr.		(2					
			Wells Bridge		J	_				
		Š	1473 to 345	2nd St.						
			Unit 2_Unit 1	.Unit 1						
		Vot To Scale								
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	DATE / TIME	REPORT TAKEN BY				
09012020 1900 090	12020 1901	09012020 19	0,6, 0	9012020	1928	M POLICE AGENCY				
TOTAL TIME OTHER TOT ROADWAY CLOSED INVESTIGATION TIME MINU				OFFICER'S NAME*						
CONTROL CONTROL AND CONTROL AN	WRIGHT, TIFFA officer's bai		n, Edward ED BY OFFICER'S BADGE NUMBER* SUPPLEMENT (CORRECTION OR ADDITION 10 AN EXISTING REPORT SENT TO ODPS)							
30 ;		, , 2,	1 , 7							



OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST								20-229								
UNIT # NAME: LAST, FIRST, MIDDLE LUCKEY, DAMON CHRISTOPHER									10212001 AGE GENDER 18 M							
ORIST	2000	STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE 937, 684-6961							
510 GRAFTON AV DAYTON OH 45406 INJURED EMS AGENCY (NAME) INJURED						TAKEN TO	ENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT				SEATING POSITION	+	USAGE	EJECTION	TRAPPED	
NON	5	TAKEN BY					USED 04		□ MC HE	. 1	- 111	1	. 1			
IST /	OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION		CITAT	CITATION NUMBER			
OTOR		VD9010)87													
W	ol class	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UPTO3 DRIVER DISTRACTED BY 1				OHOL / DRUG SUSPECTED CONDITION LCOHOL MARIJUANA LTHER DRUG			ALCOHOL TEST STATUS TYPE VALUE ST 1 1 1			TATUS TYPE RESULT SELECT UP TO 4			
Ī	UNIT #										DATE OF BIRTH			AGE	GENDER	
	02	JOHNS	ON, HOMER R							[101	<u>,6195,4 </u>		_ _{6	55	M	
TORIST	5.15.15.15.15.15.15.15.15.15.15.15.15.15	RESS: STREET, CITY, STATE, ZIP SHERI LN CARLISLE OH 45005								CONTACT	PHONE - INCLUDE AREA CO 937, 232-28				1 1	
NON-MO	INJURIES 5	INJURED I TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO OFFENSE CHAI					SAFETY EQUIPMENT USED 0 4	DOT-Co	AIR BAG USAGE EJECTION TRAPPED			TRAPPED		
FORIST /	OL STATE OH	OPERATOR L	icense number 024				RGED	LOCAL CODE	OFFENSE DESC	RIPTION	CITATION NUMBER					
MO	OL CLASS ENDORSEMENT SELECT UP TO 2 A PROPERTY OF THE PROPERT				ДА	COHOL / DRUG SUSPECTED CONDITION ALCOHOL MARIJUANA 1		condition 1	STATUS TYPE VALUE ST			DRUG TEST(S) TATUS TYPE RESULT SELECT UP TO 4				
H	UNIT #						THER DRUG				DATE OF BIRTH			AGE	GENDER	
	J	TOTAL EASI,	TROT, MIDDLE									г г				
RIST	ADDRESS: STREET, CITY, STATE, ZIP							,	CONTACT PHONE - INCLUDE AREA CODE							
MOTO	INJURIES	INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY E						SAFETY EQUIPMENT	NT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
-NON/	L	TAKEN BY		OFFENSE CHAR					USED	Шмс не	T-COMPLIANT HELMET				L	
OTORIST	OL STATE	OPERATOR L	ICENSE NUMBER						OFFENSE DESC	RIPTION			CITATION NUMBER			
Z	OL CLASS	SELECT UPTO 2 DISTRACTED		ДА		CTED IJUANA	CONDITION		YPE VALUE	STATUS	TYPE	TEST(S) RESULT	SELECT UP TO 4			
	INJU	PIFS	SEATING POSITION		IR BAG	0	THER DRUG OL CLASS		OL RESTRIC	LLUL L	DRIVER DISTRACT	TION			TIIS	
INJURIES SEATING POSITION A						1 - ALCOHOL INTER	77.0	1 - NOT DISTRACTED	101	TEST STATUS 1 - NONE GIVEN						
	2 - SUSPECTED SERIOUS INJURY		(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYI			2 - CLASS B		2 - CDL INTRASTAT		G AN ICATION	CATION				
3 - SUSPECTED WITHOR INJURT			3 - FRONT – RIGHT SIDE	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE			3 - CLASS C 3 - CORRECTIVE LE 4 - REGULAR CLASS 4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)						
5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE (OHIO = D)				5 - EXCEPT CLASS		3 - TALKING ON HANDS-FR		4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS						
INJURED TAKEN BY 5- SECOND - MIDDLE			9 - DEPLOYI	MENT UNKNO	OWN	6 - EXCEPT CLASS 6 - NO VALID OL & CLASS B BUS				COMMUNICATION DEVI 4 - TALKING ON HAND-HEL		UNKNOWN				
1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE /TREATED AT SCENE 7 - THIRD - LEFT SIDE			E.J	7 - EXCEPT TRACTOR OL ENDORSEMENT 8 - INTERMEDIATE					CE AN	ALCOHOL TEST TYPE						
2 - EMS (MOTORCYCLE SIDE CAR) 3 - POLICE 8 - THIRD – MIDDLE			1 - NOT EJECTED H - HAZMAT				RESTRICTIONS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 1 - NONE 2 - BLOOD							
3 - POLICE 9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE			2 - PARTIALLY EJECTED M - MOTORCYCLE 3 - TOTALLY EJECTED P - PASSENGER				9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER 2 - BLOOD 7 - OTHER DISTRACTION 3 - URINE							
SAFETY EQUIPMENT 10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE N - TANKER			10 - LIMITED TO DAY		INSIDE THE VEHICLE 8 - OTHER DISTRACTION 0	4 - BREATH 5 - OTHER								
11 DACCENCED IN OTHER			T	RAPPED	Q - WOTOR SCOULER			THE VEHICLE			DRUG TEST TYPE					
2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 3 - LAP BELT ONLY USED PICK-UP WITH CAP)		1 - NOTTRAPPED S - SCHOOL BUS			13 - MECHANICAL DI (SPECIAL BRAKI		9-OTHER/UNKNOWN DRUGTES 1-NONE									
	4 - SHOULDER & LAP BELT USED 12 - PA		12 - PASSENGER IN UNENCLOSED	MECHANICAL MEANS			T - DOUBLE & TRIPLE TRAILERS CONTROLS, 0		CONTROLS, OR O ADAPTIVE DEVI			2 - BLOOD 3 - URINE				
	5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 13 - TRAILING UNIT		CARGO AREA 13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS			14 - MILITARY V		14 - MILITARY VEHIO		2 - PHYSICAL IMPAIRMEN	IRMENT 4 - OTHER				
	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		R					15 - MOTOR VEHICLE AIR BRAKES	2 MIIHOUT	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		DRUG TEST RESULT(S)				
7 - BOOSTER SEAT 15 - NON-		15 - NON-MOTORIST				M - MALE 16		16 - OUTSIDE MIRROR		4- ILLNESS		1 - AMPHETAMINES				
O HEEMET OOLS		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN	THER / UNKNOWN 17 - PROSTHETIC AI 18 - OTHER		FATIGUED, ETC.			2 - BARBITURATES 3 - BENZODIAZEPINES				
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										6 - UNDER THE INFLUENCE OF MEDICATIONS / DRU		4 - CANNABINOIDS				
10 - REFLECTIVE CLOTHING 11 - LIGHTING – PEDESTRIAN									/ ALCOHOL 9 - OTHER / UNKNOWN		5 - COCAINE 6 - OPIATES / OPIOIDS					
	/ BICYCLE ONLY							7 - OTHER								
99 - OTHER / UNKNOWN										8 - NEGATIVE RESULTS						

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