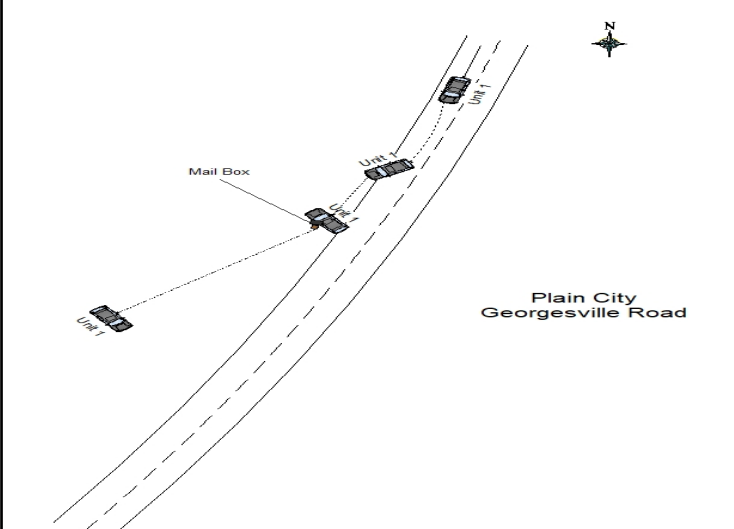
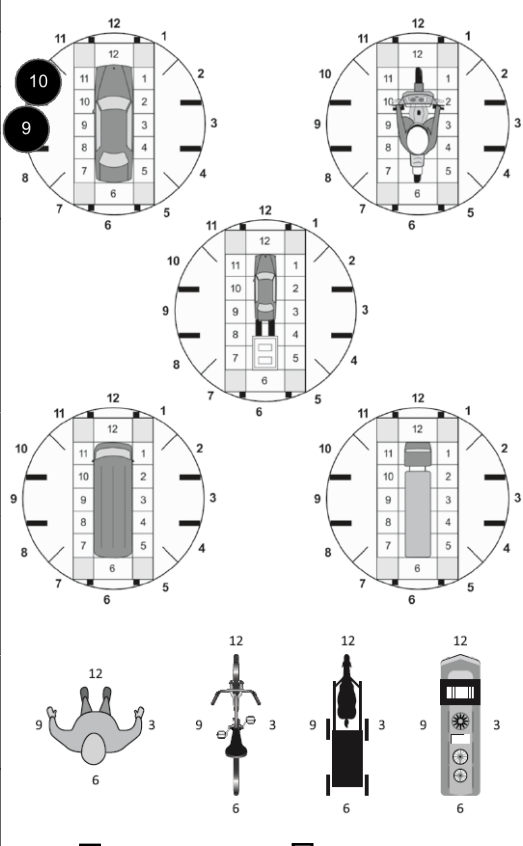


Ohio Department of Public Safety		TRAFFIC CRASH REPORT		*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT		LOCAL REPORT NUMBER * 49-0341-49									
☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH -2 ☐ OH -1P ☐ PRIVATE PROPERTY		LOCAL INFORMATION P26062700002430		REPORTING AGENCY NAME * Ohio State Highway Patrol		NCIC * OHP49		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 1		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 49		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3		LOCATION: CITY, VILLAGE, TOWNSHIP* Canaan (Township of)		CRASH DATE / TIME* 06/27/2026 22:25		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY 3 - MINOR INJURY 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 3							
LOCATION ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Plain City Georgesville		ROAD TYPE RD		LATITUDE DECIMAL DEGREES 40.063419		ROADWAY ROADWAY DIVIDED			
REFERENCE ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Amity		ROAD TYPE PI		LONGITUDE DECIMAL DEGREES -83.252003					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
DISTANCE FROM REFERENCE 0.30		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 1													
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 4		9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN							
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN 3		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN 2		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG , GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN 2					
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 4		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 4													
NARRATIVE Unit 1 was traveling southwest on Plain City Georgesville Road. Unit 1 hydroplaned, ran off road right, and struck a mail box.															
CRASH REPORTED DATE / TIME 06/27/2026 22:27		DISPATCH DATE / TIME 06/27/2026 22:27		ARRIVAL DATE / TIME 06/27/2026 22:41		SCENE CLEARED DATE / TIME 06/27/2026 23:40		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST							
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 103		OFFICER'S NAME* Tpr. BRYAN BRESKY U-0669		CHECKED BY OFFICER'S NAME* Gray, Troy		OFFICER'S BADGE NUMBER* 0669		CHECKED BY OFFICER'S BADGE NUMBER* 1838		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	

OWNER	UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) ANDERSON, RICHARD, EARL	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 8730 COLVIN DRIVE, PLAIN CITY, OH, 43064				
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE OH	LICENSE PLATE # KUU4472	VEHICLE IDENTIFICATION # 1J4GL38K45W642605	VEHICLE YEAR 2005	VEHICLE MAKE JEEP
	☒ INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 2927489-SFP-35	COLOR BLK	VEHICLE MODEL LIBERTY
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		# OCCUPANTS 1	HAZARDOUS MATERIAL ☐ MATERIAL ☐ RELEASED ☐ PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.				
	UNIT TYPE 3				
	# OF TRAILING UNITS 0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2				
	AUTONOMOUS MODE LEVEL 0				
	SPECIAL FUNCTION 1				
CARGO BODY TYPE 1					
VEHICLE DEFECTS					
NON-MOTORIST LOCATION					
ACTION					
PRE-CRASH ACTIONS					
CONTRIBUTING CIRCUMSTANCES					
SEQUENCE OF EVENTS					
EVENTS					
COLLISION WITH FIXED OBJECT - STRUCK					
FIRST HARMFUL EVENT					
MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 49-0341-49	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
☐ NO DAMAGE [0] ☐ UNDERCARRIAGE [14] ☐ TOP [13] ☐ ALL AREAS [15] ☐ UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 5 TO 8 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHWEST 6 - NORTHWEST 7 - SOUTHWEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 45	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 50	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER 49-0341-49
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MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER			
	1	ANDROMALOS DALE, DEMETRIOS, MICHAEL					10/30/2007		18	M			
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
	8730 COLVIN DRIVE, PLAIN CITY, OH, 43064												
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT ☐ MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	3	1	Pleasant Valley			4		1	1	1	1		
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
	OH			4511.202		☐	OPERATING VEHICLE WITHOUT REAS		OHP49066906272026233				
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
	4			1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		1	STATUS	TYPE	VALUE	RESULTS SELECT UP TO 4		
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT ☐ MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
						☐							
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
					☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG			STATUS	TYPE	VALUE	RESULTS SELECT UP TO 4		
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT ☐ MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
						☐							
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					☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG			STATUS	TYPE	VALUE	RESULTS SELECT UP TO 4		
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN	
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED	
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE		4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER			
		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)						7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE			
		8 - THIRD - MIDDLE						8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE			
		9 - THIRD - RIGHT SIDE						9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN			
		10 - SLEEPER SECTION OF TRUCK CAB						10 - LIMITED TO DAYLIGHT ONLY					
		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)						11 - LIMITED TO EMPLOYMENT					
		12 - PASSENGER IN UNENCLOSED CARGO AREA						12 - LIMITED - OTHER					
		13 - TRAILING UNIT						13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
		14 - RIDING ON VEHICLE EXTERIOR						14 - MILITARY VEHICLES ONLY					
		15 - NON-MOTORIST						15 - MOTOR VEHICLES WITHOUT AIR BRAKES					
		99 - OTHER / UNKNOWN						16 - OUTSIDE MIRROR					
								17 - PROSTHETIC AID					
								18 - OTHER					
INJURIES TAKEN BY				EJECTION		OL ENDORSEMENT				CONDITION		DRUG TEST TYPE	
1 - NOT TRANSPORTED /TREATED AT SCENE				1 - NOT EJECTED		H - HAZMAT				1 - APPARENTLY NORMAL		1 - NONE	
2 - EMS				2 - PARTIALLY EJECTED		M - MOTORCYCLE				2 - PHYSICAL IMPAIRMENT		2 - BLOOD	
3 - POLICE				3 - TOTALLY EJECTED		P - PASSENGER				3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - URINE	
9 - OTHER / UNKNOWN				4 - NOT APPLICABLE		N - TANKER				4 - ILLNESS		4 - OTHER	
						Q - MOTOR SCOOTER				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			
						R - THREE-WHEEL MOTORCYCLE				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			
						S - SCHOOL BUS				9 - OTHER / UNKNOWN			
						T - DOUBLE & TRIPLE TRAILERS							
						X - TANKER / HAZMAT							
SAFETY EQUIPMENT				TRAPPED		GENDER						DRUG TEST RESULT(S)	
1 - NONE USED				1 - NOT TRAPPED		F - FEMALE						1 - AMPHETAMINES	
2 - SHOULDER BELT ONLY USED				2 - EXTRICATED BY MECHANICAL MEANS		M - MALE						2 - BARBITURATES	
3 - LAP BELT ONLY USED				3 - FREED BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN						3 - URINE	
4 - SHOULDER & LAP BELT USED												4 - OTHER	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING													
6 - CHILD RESTRAINT SYSTEM - REAR FACING													
7 - BOOSTER SEAT													
8 - HELMET USED													
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)													
10 - REFLECTIVE CLOTHING													
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY													
99 - OTHER / UNKNOWN													

						LOCAL REPORT NUMBER 49-0341-49																			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																			
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WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER																
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																			
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