OF PUBLIC SAFETY TRAFFIC CRASH	<b>REPORT</b> *DENOTES MA	ANDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	OCAL REPORT NUMBER				
PHOTOS TAKEN OH-1P OTHER	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
SECONDARY CRASH PRIVATE PROPERTY	507	1 - SOLVED LJ 2 - UNSOLVED	0 2 9	98 - ANIMAL 99 - UNKNOWN					
COUNTY* LOCALITY* 1 - CITY 4 5 1 2 - VILLAGE HEATH		CRASH DATE / TIME * CRASH SEVERITY  0 2042023 1614 5 1- FATAL							
3 - TUWNSHIP	LATITUDE DECIMAL DEGREES 2 - SERIOUS INJURY SUSPECTED								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	4.0.0 2 5 2 4 3 3 3-MINOR INJURY SUSPECTED								
THE THE STATE OF T	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D	CIMAL DEGREES 4 -	INJURY POSSIBLE			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	32			- 8 4 4 4 4 5 5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	D DOAD	INTERSECTION RELATED					
3 2-MILE POST 2 2-SOUTH US			D - ROAD Q - SQUARE	<b>X</b> WITHIN INTE	RSECTION OR ON APPROA	CH <b>3</b>			
3- HOUSE # 3- EAST 4-WEST SR	T - STREET E - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT	- COURT PK - PARKWAY T	L - TRAIL VA - WAY	ROADWAY					
1 9 4 2 2-FEET 3-YARDS	ROADWAY DIVIDED								
LOCATION OF FIRST HARMFUL EVEN		INER OF CRASH COLLISION/IMPA	СТ	DIRECTION OF TRAVE	L MEDIAN	ITYPE			
1 - ON ROADWAY 9 - CROSSOVER  1 - ON SHOULDER 10 - DRIVEWAY	ALLEY ACCESS BET	COLLISION 4 - REAR-TO-REAR WEEN 5 - BACKING MOTOR		1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)					
3 - IN MEDIAN 11 - RAILWAY 0 4 - ON ROADSIDE 12 - SHARED U	RADE CROSSING   VEH	HICLES IN 6-ANGLE NSPORT 7-SIDESWIPE, SAME	DIRECTION	3 - EAST	2 - DIVIDED F (≥4 FEET	LUSH MEDIAN )			
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REA	R-END 8 - SIDESWIPE, 0PP0	SITE DIRECTION	4 - WEST 3 - DIVIDED, DEPRESSED MEDI 4 - DIVIDED, RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOOT	Н	D-ON 9-OTHER/ONKNOW	VIN	(ANY TYPE) 9 - OTHER/UNKNOWN					
	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK 70NF	CONTOUR	CONDITIONS	SURFACE			
	LANE CLOSURE	1 - BEFORE THE 1ST V WARNING SIGN		, 1	, 1	2			
	LANE SHIFT/CROSSOVER WORK ON SHOULDER	2 - ADVANCE WARNIN	ANCE WARNING AREA 1 - STRAIGHT LEVEL 1 - DRY						
	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA	U	2 - STRAIGHT GRADE 2 - WET 2 - BLA					
ACTIVE SCHOOL ZONE 5-	OTHER	5 - TERMINATION ARE	ĒΑ	3 - CURVE LEVEL					
LIGHT CONDITION	WEATH			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL,			
1 - DAYLIGHT <b>1</b> 2 - DAWN/DUSK	1 - CLEAR 01 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS	6 - WATER (STANDING, 5 - DIRT						
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 4 - RAIN	8 - BLOWING SAND, SOIL, DIRT, 9 - FREEZING RAIN OR FREEZI	SAND, SOIL, DIRT, SNOW MOVING)						
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN				
NARRATIVE					No.	Indicate the north			
Unit 1 was traveling south o	-				+++	direction with an "N" on the			
onto Licking View Dr when L				ScenePD ™ - Evaluation Edition		compass diagram.			
each other. Unit 2 was turni View to turn onto S. 30th St			Evaluation ation Edition	Evaluation Edition	(⊫z =				
view to turn onto 5. 30th St	to travel north.	s.	30th St	Evaluation Evaluation	Evaluation Edition Evaluation Edition				
		Evaluation Edition	Evaluation ation Edition	Edition	Evaluation Edition				
			Evaluation	Evaluation	icking: Migwe Pidition				
		Evaluation Edition	ation Edition	Unit 2	Evaluation Edition	-			
		Evalu	Evaluation ation Edition	Evaluation Edition Edition	Edition				
		Evaluation Edition		Evaluation	Evaluation Edition Evaluation Edition	-			
		Evaluation Edition	Evaluation ation Edition	Evaluation Edition Edition					
				Evaluation Edition	Evaluation Edition Evaluation Edition				
		Evalu Evaluation Edition	Evaluation ation Edition	Edition I	Not To Scale				
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	2007CASTAND 30011780A3711	EPORT TAKEN BY			
0,2042023 1,614 020	42023 1616	02042023 1	6210	2042023	1653	POLICE AGENCY MOTORIST			
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT	arkley	CER'S NAME*	片	SUPPLEMENT					
		DGE NUMBER*	CHECKED E	Y OFFICER'S BADGE I		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
	0 7 -	1 5 3	0 7	- 1	4 7				

OHIO DE OF PUBL SAFETY - SERI	ONIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 0 1 3 2 0								
UNIT #	NAME: LAST, FIRST, MIDDLE HOLLAND, AMELIA ELIZABETH							DATE OF BIRTH AGE GENDER							
01								0 3 / 1 9 / 1 9 9 1 3 1 F							
ADDRESS	: STREET, CITY, ST	ATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS ADDRES	/ANSEA RD	NEWARK, OH 4305	5												
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	<b>ПОТ-С</b> омі	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
<u>5</u>	BY							0 4	MC HELT		11	_ 1	_1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	CITATION NUMBER			
BO H															
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		HOL / DRUG SUSPECTED CONDITION  COHOL MARIJUANA		ALCOHOL TEST STATUS TYPE VALUE STA			RUG TEST(S YPE   RESUL	T SELECT UP TO 4			
. 4	ļ		BY	1	=	LCOHOL   MAI THER DRUG	RIJUANA	1 1	1 1		1	L			
UNIT #	NAME: LAST, F	TRST. MIDDLE			Ц°	THER BROW				DATE OF BIRTH		AGE	GENDER		
0 2	,	YTON LEE							1 2 /	2 0 / 2	0.0.1	2 1	M		
	: STREET, CITY, STA									HONE - INCLUDE AREA					
ADDRESS 101 LA INJURIES 5	KEWOOD [	OR APT G HEBRON, O	OH 4302	25							1 1				
O INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT-Com	SEATING POSITION AIF		IR BAG USAGE   EJECTION   TRAPPED			
NON 5	TAKEN BY							USED 0 4	MC HELI		2	2 1 1			
	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI				RIPTION		CITATIO	CITATION NUMBER			
OL STATE OL CLASS							CODE								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED				CONDITION	ALCO STATUS TYP	HOL TEST PE VALUE		DRUG TEST(S) TATUS TYPE RESULT SELECT UP TO 4			
4			ВУ	1	=		RIJUANA	1	1 1		1	L			
UNIT #	NAME: LAST, F	IDST MIDDLE		_	Ц°	THER DRUG				DATE OF BIRTH	_الــــــــ	   AGE	GENDER		
UNII #	NAME: LASI, F	IKSI, MIDDLE								DATE OF BIRTH		AGE	GENDER		
ADDRESS	: STREET, CITY, ST	ΔΤΕ 71P							HONE - INCLUDE AREA	NODE .					
		71 -, 211							CONTROLL	IIONE - INCLUDE AREA	JODE				
ADDRESS INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
	TAKEN BY				USED		USED	MC HELI							
OL CLASS	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI			RIPTION CITA			ATION NUMBER				
							CODE								
OL CLASS	SS ENDORSEMENT RESTRICTION SELECT UP TO 3 DR			VER TRACTED	ACTED		CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO				
			ВУ		=	_	RIJUANA								
INJU	JRIES	SEATING POSITION		IR BAG	Ц°	THER DRUG OL CLAS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST STA			
1 - FATAL		1 - FRONT - LEFT SIDE	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER	and the second second second	1 - NOT DISTRACTED		NONE GIVEN			
	SERIOUS INJURY MINOR INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYE 3 - DEPLOYE				2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATIN ELECTRONIC COMMUN						
4 - POSSIBLE II		3 - FRONT - RIGHT SIDE		YED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER	IVOLO	DEVICE (TEXTING, TYPING, DIALING)		SAMPLE / UNUSABLE				
5 - NO APPAREN	NT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	E MICHOPED ONLY			5 - EXCEPT CLASS A BUS		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS				
INJURED TAKEN BY  5-SECOND-MIDDLE				MENT UNKNOWN 6 - EXCEPT CLASS 6 - NO VALID OL & CLASS 8 BUS					4 - TALKING ON HAND-HE	LD UNKNOWN					
	1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE /TREATED AT SCENE 7 - THIRD - LEFT SIDE			7 - EXCEPT TRACT JECTION OL ENDORSEMENT 8 - INTERMEDIATE					5 - OTHER ACTIVITY WITH	I ΔN	ALCOHOL TEST TYPE				
2 - EMS	(MOTODCYCLE CIDE CAD)			ECTED H - HAZMAT RI				RESTRICTIONS	RESTRICTIONS		1.	1 - NONE 2 - BLOOD			
	3-PULICE 2-PARTI			LLY EJECTED M - MOTORCYCLE 9  / EJECTED P - PASSENGER			RESTRICTIONS 7-		0-PASSENGER		URINE				
	10 - SLEEPER SECTION 4 - NOT A		4 - NOT APP				10 - LIMITED TO DAYLIGHT ONLY		INSIDE THE VEHICLE  8 - OTHER DISTRACTION OUTSIDE		4 - BREATH				
1 - NONE USED	SAFETY EQUIPMENT OF TRUCK CAB  1 - NONF USED 11 - PASSENGER IN OTHER T			Q- MUTUN SCOULER			11 - LIMITED TO EM 12 - LIMITED - OTHE	COTHICH	0012IDE 2-						
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRA			PPED S S SCHOOL BUS 13 - MECHANI			13 - MECHANICAL D	L DEVICES 9 - OTHER / UNKNOWN			DRUG TEST TYPE 1-NONE				
			2 - EXTRICA MECHAN	ATED BY VICAL MEANS T - DOUBLE & TRIPLE TRAILERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION		2 - BL00D				
5 - CHILD RESTRAINT SYSTEM - CARGO AR		CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		14 - MILITARY VEHI	1 MATARIENTE NOMBALE			3 - URINE 4 - OTHER				
	HILD RESTRAINT SYSTEM = 14 - RIDING ON VEHICLE EXTERIOR		TVOINTE	CHANTOAL MEANS			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED,						
REAR FACIN	REAR FACING (NON-TRAILING UNIT)						16 - OUTSIDE MIRROR		ANGRY, DISTURBED) 4- ILLNESS		DRUG TEST RESULT(S)  1-AMPHETAMINES				
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN						17 - PROSTHETIC AID 5 - FELL ASLEE		5 - FELL ASLEEP, FAINTEI	INTED, 2 - BARBITURATES					
9 - PROTECTIVI	E PADS USED						18 - OTHER		FATIGUED, ETC. 6- UNDER THE INFLUENCE		3 - BENZODIAZEPINES 4 - CANNABINOIDS				
	ELBOW, KNEES, ETC.)  EFLECTIVE CLOTHING								OF MEDICATIONS / DRUGS / ALCOHOL			4 - CANNABINOIDS 5 - COCAINE			
11 - LIGHTING - / BICYCLE 0	TING – PEDESTRIAN									9- OTHER / UNKNOWN		6 - OPIATES / OPIOIDS			
99 - OTHER / UNI											7 - OTHER 8 - NEGATIVE RESULTS				

Ũ	OCCUPANT / WITNESS ADDENDUM  MATY: EMPICE: PHOTECTERS  OCCUPANT / WITNESS ADDENDUM						2 0 2 3 - 0 0 0 0 1 3 2 0								
	UNIT #	NAME: LAS	T, FIRST, MIDDLE	DAT	E OF BIRTH		AGE	GENDER							
	01	Koontz,	, Lella	1 1 / 0	4 / 2 0	1 6	6	F							
PAN	ADDRESS	RESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN	686 Swansea RD Newark, OH 43055								1 1		<u> </u>				
		INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION						
	5	BY					0 7		0 4	1	1	_1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
۲	ADDDESS	: STREET, CITY,	STATE 71D					CONTACT PHONE	- INCLUDE AREA CO	L L					
OCCUPAN	ADDICEOU	· OTREET, OTT 1,	31812,211												
8	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
	1 1	TAKEN BY					USED	DOT-COMPLIANT MC HELMET	1 1 1						
7	UNIT #	NAME: LAS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDE						
PAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN									<u> </u>						
٦	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
											<u> </u>				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE							
LN	ADDRESS	DDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN		33: SIREE I, GITY, STATE, ZIP													
8	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY					USED	MC HELMET			, l	ار			
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA			1 - NONE US VEHICLE	SED - 1 - FRONT – LEFT SIDE COCCUPANT (MOTORCYCLE DRI			VFR)							
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 2 - SHOULDE 3 - LAP BELT			### 2 - FRONT - MIDDLI ##################################				2 - DEPLOYED FRONT 3 - DEPLOYED SIDE							
									4 - DEPLOYED BOTH						
				ER & LAP BELT USED	(MOT	ORCYCLE PASS		FRONT/SIDE							
				ESTRAINT SYSTEM – D FACING	5 - NOT APPLICABLE DE O DE DOVMENT UNION			CNICNACNI							
				ESTRAINT SYSTEM –	9 - DEPLOYMENT UNKNOWN										
	/TREATED AT SCENE REAR FA				E CAR) EJECTION 1 - NOT EJECTED			0 N							
	2 - EMS 7 - B00STER 3 - POLICE 8 - HELMET					D – RIGHT SIDE	)E 2 - DARTIALLY (								
				TIVE PADS USED		PER SECTION	HER ENCLOSED 3 - TOTALLY EJEC								
				KNEES, ETC.)	CARG	O AREA (NON-T	RAILING UNIT,	4 - NOT APPLICABLE							
					ENGER IN UNE			TRAPPED							
					O AREA LING UNIT		1 - NOT TRAPPED								
				99 - OTHER /	UNKNOWN	14 - RIDIN	NG ON VEHICLE	EXTERIOR	2 - EXTRIC	CATED BY M	ECHANI	CAL			
							TRAILING UNIT) MOTORIST			BY NON-ME	CHANIC	AL			
						99 - OTHE	ER / UNKNOWN		MEANS						
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ANNDESS	: STREET, CITY,	STATE 71D					CONTACT PHONE	- INCLUDE AREA CO						
×	AUUKE33	: SIREEI, CIIY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CU	UE.					
5	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
ESS															
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
SS	NAME: LAS	ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
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