OF PUBLIC SAFETY RAFFIC CRASH	KEPORT *DENOTES MA	NDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	O O O O 1						
PHOTOS TAKEN OH-2 OH-3	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR										
SECONDARY CRASH	REPORTING AGENCY NAME* Heath PD	0.4	NCIC* 507	1 - SOLVED	0 2 0	1 98 - ANIMAL					
COUNTY* LOCALITY* LOCATION: GITY		12 - UNSOLVED 99 - UNKNOWN CRASH DATE / TIME* CRASH SEVERITY									
4 5 1 2 - VILLAGE HEATH		0.2162023. 1511. 4 1-FATAL									
is Markett	LATITUDE DECIMAL DEGREES 2 - SERIOUS INJURY SUSPECTED										
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 2 - SOUTH 2 - SOUTH 4 - WEST	4.0,0 3 4 9 3 9 3 3 MINOR INJURY SUSPECTED										
	30th REFERENCE ROAD NAME (ROAD,	ROAD TYPE		LONGITUDE DECIMAL DEGREES 4 - INJURY POSSIB							
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	RD	- 8 4 4 2 9 1 5- PROPERTY DAMAGE ONLY									
REFERENCE POINT DIRECTION		INTERSECTION RELATE									
I-NORIII			D - ROAD	l —	RSECTION OR ON APPROA						
3- HOUSE # 3- EAST	1 2-MILE POST 2 2-SOUTH US-FEDERAL US ROUTE AV - AVENUE LA - LANE SQ - SQUARE BL BOULEVARD MB MILEDOST ST STREET										
DISTANCE DISTANCE CR -	E - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY									
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR -	NUMBERED TOWNSHIP DR		L - TRAIL VA - WAY	_							
4 0 2 2-FEET ROUTE HE - HEIGHTS PL - PLACE ROADWAY DIVIDED											
LOCATION OF FIRST HARMFUL EVEN		NER OF CRASH COLLISION/IMPA	СТ	DIRECTION OF TRAVE	MEDIA	N TYPE					
1 - ON ROADWAY 9 - CROSSOVER 1 - ON SHOULDER 10 - DRIVEWAY/	ALLEY ACCESS - BETY	COLLISION 4-REAR-TO-REAR WEEN 5-BACKING MOTOR		1 - NORTH 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)							
	RADE CROSSING VEH	INDTOR ICLES IN 6-ANGLE NSPORT 7-SIDESWIPE, SAMI	DIDECTION	3 - EAST	2 - DIVIDED F (≥4 FEET	FLUSH MEDIAN					
5 - ON GORE TRAILS	2 - REAF	R-END 8 - SIDESWIPE, OPPO	SITE DIRECTION	4 - WEST		DEPRESSED MEDIAN					
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 7 - ON RAMP 14 - TOLL BOOTH	3 - HEAI	D-ON 9-OTHER/UNKNOV	۷N		(ANY TYP						
8-OFF RAMP 99-OTHER/UN	KNOWN				9 - OTHER/UN	IKNOWN					
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO		CONTOUR	CONDITIONS	SURFACE					
	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST \ WARNING SIGN									
	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNIN 3 - TRANSITION AREA		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE							
4-	INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, 3 - CURVE LEVEL 3 - SNOW 2 - BITUMINOUS, ASPHALT							
ACTIVE SCHOOL ZONE 5-1	OTHER	5 - TERMINATION AR	±A	4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK							
LIGHT CONDITION 1 - DAYLIGHT	WEATHE 1 - CLEAR	ER 6 - SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, GRAVEL STONE							
1 2 - DAWN/DUSK	.02 2-CLOUDY	7 - SEVERE CROSSWINDS		6 - WATER (STANDING, MOVING) 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		7 - SLUSH 9 - OTHER/UNKNOV							
5 - DARK – UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL	99 - OTHER/ UNKNOWN			9 - OTHER/UNKNOWN						
9 - OTHER / UNKNOWN						Many Proc 10 Faces 10000					
NARRATIVE Unit #1 and 2 were both Sou	thhound on South	30th			A STATE OF THE STA	Indicate the north direction with					
Street just south of Custer R		Liz				an "N" on the compass diagram.					
right hand southbound lane		1		ScenePD ™ - Evaluation Edition Evaluation Edition		2					
left hand southbound lane of			Evaluation ation Edition	Edition	Evaluation Editio						
change lanes into unit #2's la		9	Evaluation	Evaluation Edition	Evaluation Edition Edition Custer Road						
and struck the side of unit #	2.	Evaluation Edition	ation Edition		Evaluation Editio	n					
			Evaluation	Edition Edition	Evaluation Edition Edition						
		Evaluation Edition	ation Edition	Out 2	Evaluation Edition	n					
		-	Evaluation	Evaluation I Evaluation Edition	Edition	_					
		Evaluation Edition Not To S	cale		South 30th Street Evaluation Edition	n					
		Evalu	Evaluation	Evaluation Edition	Edition						
		Evaluation Edition		5-1-5-1	Evaluation Edition	n					
			Evaluation	Evaluation I Evaluation Edition Edition							
		Evaluation Edition		Trancite (877) 908-4777							
The state of the s	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	September 10 Septe	POLICE AGENCY					
	62023 1512			2162023	1540	MOTORIST					
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT			ECKED BY OFFI mart	CER'S NAME*	片	SUPPLEMENT					
	OFFICER'S BAI	DGE NUMBER*	CHECKED I	Y OFFICER'S BADGE N		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
	0 7 -	1 1 8	0 7	- 1	3 8						

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

■ MOST HARMFUL EVENT

1

3

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST / NON-MOTORIST							2 0	2	3 - 0 0			8 4	5		
UNIT #									ATE OF BIRTH			AGE	GENDER		
01	FOLK, STUNET EVA						0 6	/ 0	6 / 2	0 0 5		. 7	F		
	ADDRESS: STREET, CITY, STATE, ZIP 679 GREENWOOD NEWARK, OH 43055														
<u> </u>		EMS AGENCY (NAME)	,	INJUREDT	AKENTO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEATING POSITION	ON AIR BAG	USAGE	EJECTION	TRAPPED
20 5	TAKEN BY							USED 0 4		F-COMPLIA HELME	ANT	ALIK DAG	JUNGE	1	1 1
OL STATE				OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC				CITAT	CITATION NUMBER		
До_н_							CODE								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	VER TRACTED	_	DHOL / DRUG SUSPI		CONDITION	STATUS		VALUE	STATUS	DRUG Type	RESUL	SELECT UP TO 4
4			BY	1	=	THER DRUG	KIJUANA	1	1	1		1	1		
UNIT #	NAME: LAST, F	FIRST, MIDDLE									ATE OF BIRTH			AGE	GENDER
0 2	VAN ATT	A, PATRICIA ANN							0 3	/ 1	. 7 / 1	9 5 6	6	6	F
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE			
<u> </u>		I, OH 43056		_											
INJURIES 4	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 0 4	T DOT-COMPLIANT SEATING POSITION MC HELMET 0 1			ON AIR BAG	AIR BAG USAGE EJECTION TRAPPED			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	E CHARGED LOCAL OFFENSE DE			CRIPTION			CITATION NUMBER			
E O H							CODE								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		ALCOHOL / DRUG SUSPECTED CONDITION ALCOHOL MARIJUANA			STATUS TYPE VALUE S			STATUS	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		
_4				1	<u></u> 0	THER DRUG		1	1	1	•	1	1		
UNIT #	NAME: LAST, F	FIRST, MIDDLE									ATE OF BIRTH			AGE	GENDER
40000000															
INJURIES	: STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE			
INJURIES	INJURED	EMS AGENCY (NAME)		INJUREDT	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEATING POSITION	ON AIR BAG	USAGE	EJECTION	TRAPPED
NO NO N	TAKEN BY							USED	□MC	T-COMPLIA HELME	ANT		1		
OL STATE	TE OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION		CITAT	CITATION NUMBER				
OL CLASS			VER	A1.04	OHOL / DRUG SUSP				ALCOHOL TEST			DRUG TEST(S)			
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED		_	RIJUANA	CONDITION	STATUS		VALUE	STATUS	TYPE		SELECT UP TO 4
					0	THER DRUG					•				
INJU 1 - FATAL	JRIES	SEATING POSITION 1 - FRONT - LEFT SIDE	1 - NOT DEP	IR BAG		OL CLAS 1 - CLASS A	S	OL RESTRIC 1-ALCOHOL INTER		CONTRACTOR DESCRIPTION	NOT DISTRACTED		1 - NONE	EST STA	TUS
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT			MANUALLY OPERATI	NG AN		REFUSED	
3 - SUSPECTED 4 - POSSIBLE IN		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE	ED SIDE ED BOTH FRO	NT / CIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES		DEVICE (TEXTING, TY			GIVEN, CON	TAMINATED BLE
5 - NO APPAREN		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP		NI / SIDE	(0H10 = D)		5 - EXCEPT CLASS	A BUS	3-	DIALING) TALKING ON HANDS-F	REE			ULTS KNOWN
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOYI	MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS	4	1-	COMMUNICATION DE TALKING ON HAND-HI	VIOL	5-TEST UNKN	GIVEN, RES IOWN	ULTS
1 - NOT TRANSP /TREATED A	ORTED	6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	5	IECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO			COMMUNICATION DE	VICE	ALCO	HOL TE	ST TYPE
2 - EMS	I SCENE	(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT	WIE IN I	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5-	OTHER ACTIVITY WIT ELECTRONIC DEVICE		1 - NONE		
3 - POLICE	(MONA)	8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT		PASSENGER OTHER DISTRACTION		2 - BL001 3 - URINI		
9 - OTHER / UNK	KINUWIN	10 - SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONL	Υ	INSIDE THE VEHICLE		4 - BREA		
1 - NONE USED	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	T	RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMI 12 - LIMITED - OTHE		8-	OTHER DISTRACTION THE VEHICLE	OUTSIDE _	5 - OTHE		
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA			R - THREE-WHEEL MO S - SCHOOL BUS	JIORCYCLE	13 - MECHANICAL DI	EVICES	9-	OTHER / UNKNOWN		1 - NONE	JG TEST	TYPE
5 EM BEEL GIVET COLD		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICATED BY D MECHANICAL MEANS			T - DOUBLE & TRIPLETRAILERS		(SPECIAL BRAK CONTROLS, OR O	THER		CONDITION		2 - BL00D		
5 - CHILD RESTRAINT SYSTEM -		CARGO AREA 3 - FREED BY 13 - TRAILING UNIT NON-MECHANICAL MEANS			X - TANKER / HAZMAT ADAPTIVE DEV 14 - MILITARY VEHI			2 70 17000001		J OMINE					
	RAINT SYSTEM -	4 - RIDING ON VEHICLE EXTERIOR			15 - MOTOR VEHICL AIR BRAKES			ES WITHOUT 3 - EMOTIONAL (E.G., DEP ANGRY, DISTURBED)		1 Official					
REAR FACING		(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRRO	R		ILLNESS			ETAMINES	
	7 - BOOSTER SEAT 15 - NUN-MUTURIST 8 - HELMET USED 99 - OTHER / UNKNOWN							17 - PROSTHETIC AII 18 - OTHER)		FELL ASLEEP, FAINTE FATIGUED, ETC.				EC
9 - PROTECTIVE (ELBOW, KNI								10 VIIIEN		6-	UNDER THE INFLUEN OF MEDICATIONS / DR	CE		ODIAZEPIN IABINOIDS	LJ
10 - REFLECTIVE	E CLOTHING										/ALCOHOL		5 - COCAINE		
11 - LIGHTING - I / BICYCLE OF										9-	OTHER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER		
99 - OTHER / UNKNOWN												8 - NEGATIVE RESULTS			

	OHIO DEI	OFFICIAL SAFETY OCCUPANT / WITNESS ADDENDUM						2 0 2 3 - 0 0 0 0 1 8 4 5							
W	SAFETY - SERV	ICE - PROTECTION	CCUPANT /	AATIME	22 MANEMANIN			2 0 2 3	- 00	0 0 1	8 4	5			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE	DA.	TE OF BIRTH		AGE	GENDER							
	01	WORRE	LL, NICHOLAS	1 2 / 2	2 / 2 0	0 6	1 6	M							
PAN		: STREET, CITY,				CONTACT PHON	E - INCLUDE AREA CO	DE							
14			EW RD GRANVILLI	T											
		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED USED			DOT-COMPLIANT							
٥.	5						0 4		0 3	1	1	1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DA'	TE OF BIRTH		AGE	GENDER			
Į.	ADDRESS:	STREET, CITY,	STATE ZIP					CONTACT PHON	E - INCLUDE AREA CO	L DE					
NVANDOO		, ,	,												
8-	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
		TAKEN BY					MC HELMET								
	UNIT #	NAME: LAS	T, FIRST, MIDDLE		I			DA.	TE OF BIRTH		AGE	GENDER			
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
٦	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION AIR BAG USA		EJECTION	TRAPPED				
٥,									E AE DYDEU			QENDED.			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DA'	TE OF BIRTH		AGE	GENDER			
<u>L</u>	ADDRESS:	STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT		,						SOM AST FINAL - INCLUDE AREA CODE							
8-	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT	— DOT Cours your	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	l I	TAKEN By					USED	DOT-COMPLIANT			,				
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA	AL		1 - NONE US	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	FR)	1 - NOT DE	PLOYED					
			RIOUS INJURY		ER BELT ONLY USED 2 - FRONT - MIDDLE			LIK)		YED FRONT					
	4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - CHILD RI			T ONLY USED			3 - DEPLOYED SIDE 4 - DEPLOYED BOTH								
				4 - SHOULDI	DER & LAP BELT USED 4 - SECOND – LEFT SI (MOTORCYCLE PAS				FRONT/SIDE						
				RESTRAINT SYSTEM – 5 - SECOND – MIDDLE RD FACING 6 - SECOND – RIGHT S) E	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN							
	1 - NOT	TRANSPOR			ESTRAINT SYSTEM – 7 - THIRD – LEFT SIG				9 - DEPLO						
	/TREATED AT SCENE REAR FA					ORCYCLE SIDE D – MIDDLE	CAR)		EJECTION						
	2 - EMS 7 - B00STEF 3 - POLICE 8 - HELMET				9 - THIR	D – RIGHT SIDE		1 - NOT EJECTED 2 - PARTIALLY EJECTED							
				TIVE PADS USED		PER SECTION (ENGER IN OTH			LLY EJECTED						
	(ELBOW,			KNEES, ETC.)	O AREA (NON-TI	RAILING UNIT,	4 - NOT AP								
				TIVE CLOTHING G – PEDESTRIAN	PICK-UP WITH CA ENGER IN UNE										
	/ BICYCL						1 - NOTTRAPPED								
				99 - OTHER /	UNKNOWN	14 - RIDIN	LING UNIT NG ON VEHICLE	EXTERIOR	2 - EXTRIC	ATED BY N	ECHANI	CAL			
							TRAILING UNIT) MOTORIST			BY NON-MI	CHANIC	AL			
							R / UNKNOWN		MEANS	i					
	NAME: LAS	ST, FIRST, MIDD	LE					DA	TE OF BIRTH		AGE	GENDER			
WITNESS															
ΙM	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHON	E - INCLUDE AREA CO	DE					
₿	NAME: LAS	ST, FIRST, MIDD	LE					DA'	TE OF BIRTH		AGE	GENDER			
		,									1				
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHON		DE					
٥.															
	NAME: LAS	ST, FIRST, MIDD	LE					DA	TE OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS.	STREET, CITY,	STATE 7IP					CONTACT PHON	E - INCLUDE AREA CO	<u> </u>					
M	MUUNESS:	. JINEE1, 611 Y,	STATE, EIF					JUNIAUI FRUNI	I I	1 1					
											_				