OF PUBLIC SAFETY TRAFFIC CRASS	LOCAL THE		ANDATORY FIELD F	FOR SUPPLEM	ENT REPORT	2023-	OCAL REPORT N	0 1 9 2 1			
PHOTOS TAKEN OH-2 NOTE	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR										
SECONDARY CRASH PRIVATE PROPE	Hooth	G AGENCY NAME* PD	0 4	NCIC* 1 5 0 7	1 - SOLVED	0.2	0 1 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATIO	CRASH DATE / TIME * CRASH SEVERITY 1 - FATAL										
4,5 1 2-VILLAGE HEA	0,2182023, 1323, 2 - SERIOUS INJURY										
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NOI 2 - Sol	LATITUDE DECIMAL DEGREES SUSPECTED 3-MINOR INJURY										
	ST 301H				ST	SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NOI 2 - SOI 3 - EA:	JTH	E ROAD NAME (ROAD), MILEPOST, HOUSI	E #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 4- INJURY POSSIBL - 8 4 4 3 6 2 5- PROPERTY DAM/					
	ST 769			20				ONLY			
REFERENCE POINT DIRECTION 1 - INTERSECTION 1 - NORTH	IR - INTERSTAT	E TYPE E ROUTE(TP) A		AD TYPE - HIGHWAY R	D - ROAD	l —	INTERSECTION R RSECTION OR ON A				
3 2- MILE POST 2-SOUTH 3- EAST	US - FEDERAL I	Q - SQUARE T - STREET	_		NUMBER OF APPROACHES						
4 - WEST DISTANCE DISTANCE	SR - STATE ROU CR - NUMBEREI	E - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY								
FROM REFERENCE UNIT OF MEASURE 1 - MILES	TR - NUMBEREI ROUTE	TOWNSHIP			L - TRAIL VA - WAY	ROADWAY DIVIDED					
2-FEET	,IDED										
LOCATION OF FIRST HARMFUL 1 - ON ROADWAY 9 - CROSS		1	NNER OF CRASH CO		CT	DIRECTION OF TRAVE	103	MEDIAN TYPE			
0 1 2 - ON SHOULDER 10 - DRIV	EWAY/ALLEY ACC	ESS 6 BE	TWEEN 5-BA	ACKING		1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)					
4 - ON ROADSIDE 12-SHAR	VAY GRADE CROS ED USE PATHS O	V.C.	HICLES IN 6-AN ANSPORT 7-SI	IGLE DESWIPE, SAME	E DIRECTION	3 - EAST 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)					
5 - ON GORE TRAII 6 - OUTSIDE TRAFFIC WAY 13-BIKE		2 - RE/ 3 - HE/		DESWIPE, 0PP0 HER/UNKNOV			VIDED, DEPRESSED MEDIAN VIDED, RAISED MEDIAN				
7 - ON RAMP 14-TOLL 8 - OFF RAMP 99-OTHE	BOOTH R/UNKNOWN					(ANY TYPE) 9 - OTHER/UNKNOWN					
G- OFF INAM	WORK ZO	NF TYPF	LOCATION OF	CRASH IN WO	RK ZONE	CONTOUR	CONDITION	NS SURFACE			
WORK ZONE RELATED WORKERS PRESENT	1 - LANE CLOS	JRE	1-BEF	ORE THE 1ST V		,1,	, 1				
LAW ENFORCEMENT PRESENT	2 - LANE SHIF 3 - WORK ON S		2 - ADV	ANCE WARNIN		1 - STRAIGHT LEVEL	1 - CONCRETE				
LAW ENFORCEMENT PRESENT	OR MEDIAN 4 - INTERMITT	ENT OR MOVING WOR		INSITION AREA IVITY AREA	k e	2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS,					
ACTIVE SCHOOL ZONE	5 - OTHER		5 - TER	RMINATION ARE	EA	3 - CURVE LEVEL 3 - SNUW ASPHALT					
LIGHT CONDITION		WEATI	HER 6 - SNOW			9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAG, GRAVI					
1 - DAYLIGHT 1 2 - DAWN/DUSK	1 - CLEAR 2 - CLOUDY	SSWINDS			OIL, GRAVEL 6 - WATER (STAN	STONE					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED		SAND, SOIL, DIRT, SNOW MOVING)			9 - OTHER/UNKNOWN						
5 - DARK – UNKNOWN ROADWAY LIGH 9 - OTHER / UNKNOWN	TING	5 - SLEET, HAIL	99 - OTHER / UNI	KNOWN			9 - OTHER/UNKN	own			
NARRATIVE				1 1 1				Indicate the north			
UNIT 1 WAS DRIVING SO	UTH BOU	ND ON S 30	TH ST					direction with an "N" on the			
IN THE LEFT HAND LANE.	UNIT 2 W	AS DRIVIN	G			ScenePD ™ - Evaluation Edition		compass diagram.			
SOUTH BOUND ON S 30TI	H ST IN TI	IE RIGHT H	AND		Evaluation	Evaluation Edition		·			
LANE. UNIT 1 ATTEMPTE		_		Evaluation Edition	uation Edition		Evaluation Edition	aluation Edition			
STRUCK UNIT 2 MIRROR	UNIT 2 S	WERVED RI	GHT		Evaluation uation Edition	Evaluation Edition Edition	Edition	-			
AND STRUCK THE CURB.			_	= Evaluation Edition 789 S 30th	n St	↓ Evaluation	Evaluation Edition Edition	aluation Edition			
			-	Evaluation Edition	Evaluation uation Edition	Evaluation Edition					
				- 1		Evaluation Edition	Edition Edition	aluation Edition			
				Evaluation Edition	ation Edition	adition =	A 500	aluation Edition			
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				Evalu Evaluation Edition	uation Edition		Not Toys	Scale _{dition}			
			F		Evaluation	Evaluation Edition Edition	Edition				
			<u> </u>	Evaluation Edition		Trancite (877) 908-4777					
CRASH REPORTED DATE / TIME	DISPATCH I		CAPADAAAAAA	L DATE / TIME	2 2 7 0	SCENE CLEARED		REPORT TAKEN BY POLICE AGENCY			
		3 1323	0 7 1 8 7 0			2182023	1456	MOTORIST			
remark (1800) 1807 (1807) The Common Application of the Common Application (1807) The Common App		ICER'S NAME* Dence			unt	FICER'S NAME* SUPPLEMENT (CORRECTION on ADDITION					
	0		ADGE NUMBER*	. 7	Снескей (7	Y OFFICER'S BADGE I	NUMBER*	TO AN EXISTING REPORT SENT TO ODPS)			
			1 - 1 - 3		- , ,		- -	_1			

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

48 - TREE

49 - FIRE HYDRANT

99 - OTHER / LINKNOWN

OR SUPPORT

■ MOST HARMFUL EVENT

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

BARRIER

36 - MEDIAN OTHER BARRIER

3 - UNDETERMINED

POSTED SPEED

3

OFF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0 2 3 - 0 0 0 0 1 9 2 1								
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE							
0 1	JONES, PATTY SUE							0 9 / 1 2 / 1			9 3 7	8 5	F		
ADDRESS	S: STREET, CITY, ST	STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS ADDRES	NTHIA ST I	HEATH, OH 43056													
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED 7	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	ДОТ-С ом	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
<u>5</u>	BY							0 4	MC HEL	MET 0 1	11	_1	_1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER				
OH							331.08				0				
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIST	VER Tracted	_	DHOL / DRUG SUSPI LCOHOL MAI		CONDITION	STATUS TY	DHOLTEST PE VALUE		RUG TEST(S YPE RESUL	T SELECT UP TO 4		
. 4			BY	1	=	THER DRUG	NIJUANA	1 1	1 1		.1 .1	<u>. </u>			
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
0 2	WARREN	, NATALIE DIANE							0 6 /	2 0 / 1	9 8 4	3 8	, F		
ADDRESS	S: STREET, CITY, ST	ATE, ZIP							CONTACT P	HONE - INCLUDE AREA	ODE		I——		
ADDRESS 000 69010 INJURIES 5	MOUNT HE	RMON RD CAMBRID	GE, OH	43725	5										
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED 7	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT-Com	N AIR BAG US	AIR BAG USAGE EJECTION TRAPPED				
2 5	BY							USED 0 4	MC HEL		1 1 1				
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	'	CITATION NUMBER				
OL STATE	,														
OL CLASS				VER ALCOHOL / DRUG SUSPECTED			CONDITION	STATUS TY	DHOLTEST PE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
. 4		l	BY	1	=	LCOHOL MAI THER DRUG	RIJUANA	1	1 1		1 1	ı			
UNIT #	NAME: LAST, F	FIRST, MIDDLE			Ц°	THER BROO				DATE OF BIRTH		AGE	GENDER		
		,							ļ			ļ	ļ		
ADDRESS	S: STREET, CITY, STA	ATE, ZIP							CONTACT P	HONE - INCLUDE AREA	CODE				
IOR I											1 1	1 1			
MON-MON INJURIES		EMS AGENCY (NAME)		INJURED 7	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT-Com	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
						USED			MC HEL		ا				
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	HARGED LOCAL OFFENSE			RIPTION	CITATIO	CITATION NUMBER				
	J														
≥ OL CLASS	SELECT UP TO 2 DIS		DIST	/ER ALCOHOL / DRUG SUSPECTE			CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO				
			BY		=	THER DRUG	KIJUANA	ļ. ,	ļ ļ.						
INJ	URIES	SEATING POSITION	A	IR BAG		OL CLAS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST STA	TUS		
1 - FATAL	o o posoulo su luov	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED		NONE GIVEN			
	D SERIOUS INJURY D MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYI 3 - DEPLOYI			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATIN ELECTRONIC COMMUN	NICATION 3-	TEST REFUSED TEST GIVEN, CON	ITAMINATED		
4 - POSSIBLE I		3 - FRONT - RIGHT SIDE 4 - DEPLOYED BOTH FRONT / SIDE 4 - SECOND - LEFT SIDE 5 NOT ADDI I CARL 5			4 - REGULAR CLASS 4 - FARM WAIVER (0HI0 = D) 5 EVCEDT CLASS				DEVICE (TEXTING, TY DIALING)		SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN				
5 - NO APPARE	NT INJURY	(MOTORCYCLE PASSENGER) 9- DEPLOYMENT LINKNOWN			5 - EXCEPT CLASS. 5 - M/C MOPED ONLY 6 - EXCEPT CLASS.				3 - TALKING ON HANDS-F COMMUNICATION DEV	REE	5 - TEST GIVEN, RESULTS				
	INJURED TAKEN BY 5-SECOND - MIDDLE 4-SECOND - BICHT SIDE				6 - NO VALID OL & CLASS B B					4 - TALKING ON HAND-HE COMMUNICATION DEV	/ICF				
1 - NOT TRANS /TREATED/		7 - THIRD - LEFT SIDE	E.	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	- ΔN A	LCOHOL TES	ST TYPE		
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS 9 - LEARNER'S PER	MAIT	ELECTRONIC DEVICE 6 - PASSENGER		BLOOD			
	3 - POLICE 8 - THIRD - MIDDLE 9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED M - MOTORCYCLE 3 - TOTALLY EJECTED P - PASSENGER			RESTRICTIONS		7 - OTHER DISTRACTION		3 - URINE					
SAFFTY	10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE N - TANKER			10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT		INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE		4 - BREATH 5 - OTHER					
	11 DACCENCED IN OTHER			M-MOIOW 2COOLEK			12 - LIMITED – OTHER		THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TEST TYPE				
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT T		1 - NOT TRA	ATED DV			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND				1 - NONE				
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED MECHANICAL MEANS			T - DOUBLE & TRIPLE X - TANKER / HAZMAT		CONTROLS, OR O	THER CONDITION			2 - BL00D				
5 - CHILD REST	TRAINT SYSTEM -	CARGO AREA 3 - FREED BY 13 - TRAILING UNIT NON-MECHANICAL MEANS			14 - MILITARY VEHI			CLES ONLY	_	3 - URINE 4 - OTHER					
6 - CHILD RES	TRAINT SYSTEM -				15 - MOTOR VEHICL AIR BRAKES			S WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			DRUG TEST RESULT(S)				
7 - BOOSTER S		(NON-TRAILING UNIT) 15 - NON-MOTORIST			16 - OUTSIDE MIRRO				4- ILLNESS	1-	1 - AMPHETAMINES				
8 - HELMET U	SED	99 - OTHER / UNKNOWN				17 - PROSTHETIC AID 18 - OTHER			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES 3 - BENZODIAZEPINES			
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				10-OIHEK			6- UNDE		NDER THE INFLUENCE 4 - CANNA F MEDICATIONS / DRUGS 4 - CANNA		_0			
10 - REFLECTIV	0 - REFLECTIVE CLOTHING									/ALCOHOL		5 - COCAINE			
	- LIGHTING - PEDESTRIAN / BICYCLE ONLY									9- OTHER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTHER / UNKNOWN												NEGATIVE RESU	LTS		

Ū	OHIO DEPARTMENT OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM							202		ORT NUMBER		1		
	UNIT #	NAME: LAS	ST, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER										
ı	02	MILLER, JUDY DIANE							1 0 / 0 9 / 1 9 5 6 6 6 F					
	ADDRESS:	STREET, CITY,	, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT	69082 I	MOUNT I	HERMON RD CAME											
ĕ	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		SEATING POSITION AIR BAG USAGE EJECTION TRAPPEL									
	5	BY					USED 0 4	MC HELME		1	1	_1		
ì	UNIT #	NAME: LAS	ST, FIRST, MIDDLE		DATE OF BIRTH AGE G									
	02	LEE, JA	ASMIN N		0 5 / 0	8 / 2 0	2 2	0	F					
N	ADDRESS:	STREET, CITY,	, STATE, ZIP					CONTACT PHO	NE - INCLUDE AREA C	ODE				
OCCUPANT	69010 I	MOUNT I	HERMON RD CAME	RIDGE, OH	43725									
0	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	JURED TAKEN TO: Medical Facility (NAME, CITY) SAFETY EQUIPMENT USED			SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
	_5	ВУ					0 6	MC HELME	T 0 4	1	1	_1		
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
	02		EDDY W					0 1 / 2 3 / 2 0 1 9 4 M						
OCCUPANT		STREET, CITY,						CONTACT PHONE - INCLUDE AREA CODE						
9		MOUNT I	HERMON RD CAME	BRIDGE, OH					SEATING POSITION	ATD DAG HEAG	FIFETION	TRAPPED		
		TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	IY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	INT					
٥	UNIT #		T FIRST MARKET				0 5		T O 7	1	1 1	1 GENDER		
ı	. 02		st, FIRST, MIDDLE M, LUANN R							1 8	AGE	F		
ż		STREET, CITY,	<u> </u>					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT			RD KIMBOLTON, O	Н 43749				A A A A A A A A						
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (name, city)	SAFETY EQUIPMENT	207.0	SEATING POSITION	N AIR BAG USAG	E EJECTION	TRAPPED		
	5	TAKEN BY					USED 0 5	DOT-COMPLIA		1	1 ,	. 1		
Ī		INJU	JRIES	SAFETY	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG	JSAGE			
	1 - FATA	L		1 - NONE US			T – LEFT SIDE	ED)	1 - NOT D	EPLOYED				
	2 - SUSF	PECTED SE	ERIOUS INJURY		OCCUPANT (MOTORCYCLE DR ER BELT ONLY USED 2 - FRONT – MIDDLE			EK)	2 - DEPLO	2 - DEPLOYED FRONT				
	4 - POSSIBLE INJURY 3 - LAP BEL 4 - SHOULDI				T ONLY USED 3 - FRONT - RIGH			Ī		3 - DEPLOYED SIDE				
				ER & LAP BELT USED		ND – LEFT SIDI ORCYCLE PASS			4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE					
	5 - NU APPARENT INJURY 5 - CHILD RI				ESTRAINT SYSTEM -		ND – MIDDLE				5 - NOT A			
			TAKEN BY	FORWARI	D FACING ESTRAINT SYSTEM –		ND – RIGHT SII D – LEFT SIDE	ÞΕ	9 - DEPLO	9 - DEPLOYMENT UNKNOV				
		TRANSPOR EATED AT S		REAR FA		(MOT	ORCYCLE SIDE	CAR)						
	, 01112117 011111101111			SEAT		D – MIDDLE D – RIGHT SIDE		1 - NOT E	1 - NOT EJECTED					
						PER SECTION (2 - PARTI	2 - PARTIALLY EJECTED					
				TVE PADS USED KNEES, ETC.)		ENGER IN OTH O AREA (NON-TI			3 - TOTALLY EJECTED 4 - NOT APPLICABLE					
	10 - REFLECT				IVE CLOTHING	BUS, F	PICK-UP WITH CAI)				4 - NOT A		
					G – PEDESTRIAN	ENGER IN UNE O AREA	NCLOSED	1 NOT TO	TRAPPED 1 - NOTTRAPPED					
							LING UNIT			2 - EXTRICATED BY MECHA		ΩΔΙ		
				77 - UTILK / I	OINIXINO WIN		IG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEAN		//LONAIN	OAL		
							MOTORIST		3 - FREED MEAN	BY NON-M	ECHANIC	AL		
						99 - OTHE	R/UNKNOWN	•		J		•		
SS	NAME: LAS	ST, FIRST, MIDD	DLE					D	ATE OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS:	STREET, CITY,	STATE 7IP						NE - INCLUDE AREA C	ODE .				
×		0111221, 0111,	, 51, 71, 71						I I	1 1	1 1			
i	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
ESS														
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
1														
SS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
M	numbers of the state of the sta							SSAGT FIRST - INCLUDE AREA CODE						