OHIO DEPARTMENT OF PUBLIC SAFETY SAFE	RAFFIC C	RASH	REPORT	*DENOTES MA	ANDATORY FIELD FOR SUP	PLEMENT REPO	RT		LOCAL REPOR	NUMBER	*			
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION							2023	000	0 2	737				
SECONDARY CRASH OH-1P OTHER REPORTING AGENCY NAME* OH-1P OTHER REPORTING AGENCY NAME* Heath PD						0 4 5 0 7			NUMBER OF U	0 1 98-ANIMAL				
COUNTY* LOCALITY* 1 - CITY LOCATION: CITY, VILLAGE, TOWNSHIP*							7	CRASH DATE /			SH SEVERITY			
4.5 1 2-VILLAGE 03102023 2054 5 2-S											FATAL SERIOUS INJURY			
ROUTE TYPE ROUTE NU		2 - SOUTH	LOCATION ROAD	NAME		ROAD TYPE			P. Controlled and Controlled Control Control Control Control Control Control					
		3 - EAST 4 - WEST 1 - NORTH	30TH	D NAME (DOAD	MU CDOCT HOUSE #)	ST	_4	4,0,029			MINOR INJURY SUSPECTED			
ROUTE TYPE ROUTE NU				D, MILEPOST, HOUSE #) ROAD TYPE			LONGITUDE D		INJURY POSSIBLE PROPERTY DAMAGE					
REFERENCE POINT		3 - EAST 4 - WEST	850 S. 30		ROAD TYPE		_		INTERSECTIO	N RELATED	ONLY			
1 - INTERSECTION	FROM REFERENCE 1 - NO	X-1-11	INTERSTATE ROL	JTE(TP) AL	- ALLEY HW - HIGHWA	Y RD - ROAD		_	RSECTION OR O					
3 2-MILE POST 3-HOUSE #	2 - SOI	ST 03-	FEDERAL US ROU	016	- AVENUE LA - LANE - BOULEVARD MP - MILEPOS	SQ - SQUARI ST - STREET		WITHIN INTERCHANGE AREA NUMBER OF APPROACHES						
DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL T								1	ROAD	WAY	V. M. (1994)			
1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY										DIVIDED				
	N OF FIRST HAR	MFUL EVEN	T		NER OF CRASH COLLISION			DIRECTION OF TRAVE	L	MEDIAN	ITYPE			
1 - ON ROADWA 0 6 2 - ON SHOULD		CROSSOVER - DRIVEWAY/	ALLEY ACCESS	■ BET	COLLISION 4 - REAR-TO-R WEEN 5 - BACKING	EAR		1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)						
3 - IN MEDIAN 4 - ON ROADSID		RAILWAY GI SHARED US	RADE CROSSING	VEH) MOTOR ICLES IN 6-ANGLE NSPORT 7-SIDESWIPI	E, SAME DIRECTION	-	3 - EAST	2 -	DIVIDED F (≥4 FEET	LUSH MEDIAN)			
5 - ON GORE		TRAILS BIKE LANE		2 - REA	R-END 8 - SIDESWIPI	E, OPPOSITE DIRECT	- 1	1 '			EPRESSED MEDIAN			
7 - ON RAMP 8 - OFF RAMP	7 - ON RAMP 14-TOLL BOOTH (ANY TYPE)													
WORK ZONE RELAT	TED		WORK ZONE TY	PE .	LOCATION OF CRASH	IN WORK ZONE		CONTOUR	CONDIT	IONS	SURFACE			
WORKERS PRESEN			LANE CLOSURE LANE SHIFT/CRO	SSOVER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN			2	2				
LAW ENFORCEMEN	NT PRESENT	3-1	WORK ON SHOULI OR MEDIAN		St.	2 - ADVANCE WARNING AREA 3 - TRANSITION AREA			1 - DRY		1 - CONCRETE			
ACTIVE SCHOOL ZO	ONE	4 - 1	INTERMITTENT O	R MOVING WORK	4 - ACTIVITY AREA 5 - TERMINATION AREA			2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW		2 - BLACKTOP, BITUMINOUS, ASPHALT			
	CONDITION	25.1	I	MEATI				4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE	n variousser	3 - BRICK/BLOCK			
1 - DAYLIGHT	MOTITON		1 - CL	WEATH .EAR	6 - SNOW	NOW			5 - SAND, MUI OIL, GRAVI	VEL STONE				
3 2 - DAWN/DUSK 3 - DARK – LIGH			10	.OUDY IG, SMOG, SMOKE	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL,	8 - BLOWING SAND, SOIL, DIRT, SNOW			6 - WATER (ST MOVING)					
4 - DARK – ROAL 5 - DARK – UNKI			4 - RA 5 - SL	AIN .EET, HAIL	9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN				7 - SLUSH 9 - OTHER/UN	STA - 40-46 EMBANGAN CALINIAGAZZIN SIAASSI				
9-OTHER/UNK	CNOWN								9-0111EN/01	KNOWN				
NARRATIVE Units one and	l tura ura	vo	ad in the	maulsina l		1 1 1		E I I	i i i	A	Indicate the north direction with			
850 S. 30th S		•								**	an "N" on the compass diagram.			
Unit one back				-		Eval	aluation I	ScenePD ™ - Evaluation Edition Evaluation Edition Edition			1-			
of unit one st	ruck the	rear er	nd of unit	two.	Evaluation Ec	Evaluation Edition			Evaluation Edition	Evaluation Edition	-			
					_	Evaluation Edition	aluation I	Evaluation Edition Edition	Edition	N				
					Evaluation Ec	lition 850 S. :	30th St	Evaluation	Evaluation Edition	Evaluation Edition				
					Evaluation Ec	Evaluation Edition	aluation l	Evaluation Edition Edition						
							aluation I	Evaluation Edition	Evaluation Edition Edition	Evaluation Edition				
					Evaluation Ec	Evaluation Edition	audulO¶ l	To the second	Evaluation Edition	Evaluation Edition				
						Evaluation Edition	aluation (Evaluation Edition Edition	Edition					
					Evaluation Ed	lition	L	Evaluation	Evaluation Edition	Evaluation Edition				
					Evaluation Ec	Evaluation Edition	aluation (Evaluation Edition						
CRASH REPORTED I	DATE / TIME	1 1	DISPATCH DATE /	TIME	ARRIVAL DATE /	TIME	Ή.	Trancite (877) 908-4777 SCENE CLEARED	DATE / TIME	PI	EPORT TAKEN BY			
03102023		1	02023		03102023		0	3102023		NO.	POLICE AGENCY			
TOTAL TIME ROADWAY CLOSED INVI	OTHER ESTIGATION TIM	TOTAL	L OFFICER'	S NAME*		CHECKED BY O	1	CER'S NAME*		+	MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUTES Banks OFFICER'S BADGE NUMBER*						Ream	KED R	Y OFFICER'S BADGE	NUMBER*	\dashv	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
	1 1		0	7 -	1 3 9	0 7	7	- 1	1 8					

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

ì

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

OR SUPPORT

■ MOST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

1

49 - FIRE HYDRANT

POSTED SPEED

ì

99 - OTHER / LINKNOWN

ONIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0 2 3 - 0 0 0 0 2 7 3 7							
UNIT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GEND					
0 1	BROOKS, JASON OWEN								0 4 / 2 5 / 1 9 7			4 7	М	
ADDRESS	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
3 JONE 3 JONE INJURIES OL STATE O H	S DR HEAT	S DR HEATH, OH 43056												
INJURIES	INJURED I	EMS AGENCY (NAME)	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COM	SEATING POSITION	ON AIR BAG U	SAGE EJECTION	TRAPPED			
2 5	BY							0 4	MC HEL		_ 1	1	_1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION			N NUMBER		
OH				335.13			335.13			2142				
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	VER Tracted	_	OHOL / DRUG SUSPI		CONDITION	STATUS TY	OHOL TEST PE VALUE		TYPE RESUL	T SELECT UP TO 4	
. 4			BY	1	=	THER DRUG	RIJUANA	1 1	1 1		1	1		
UNIT #	NAME: LAST, FIRST, MIDDLE							 	DATE OF BIRTH		AGE	GENDER		
0 2	WILLEY,	CHRISTOPHER DAV	[D						0 ,5 ,/	3 1 / 1	9 6 9	5 3	М ,	
ADDRESS	S: STREET, CITY, ST.								CONTACT	HONE INCLUDE AREA	CODE	_		
6450 C	COLUMBIA	RD SW PATASKALA,	OH 430	62										
ADDRESS 6450 C INJURIES OL STATE OL GLASS	INJURED I TAKEN BY	INJURED EMS AGENCY (NAME)						SAFETY EQUIPMENT USED	DOT-COM		ON AIR BAG U	AIR BAG USAGE EJECTION TRAPPED		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	CITATION NUMBER		
E O H				CODE										
OL CLASS	ENDORSEMENT SELECT UP TO 2				/ER ALCOHOL / DRUG SUSPECTED			CONDITION	ALCO STATUS TY	OHOL TEST PE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		
4			BY		=		RIJUANA							
UNIT #	NAME: LAST, F	EIDET MIDDLE			Цο	THER DRUG				DATE OF BIRTH		AGE	GENDER	
ONII #	IVAINE: EASI, I	INST, WIDDLE								DATE OF BIRTH		AGE	GENDER	
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE													
TORI		. ,												
MON-MON INJURIES ADDRESS		EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT C	SEATING POSITION	ON AIR BAG U	SAGE EJECTION	TRAPPED	
					USED			USED	MC HEL					
OL STATE				OFFENSE CHARGED LOCAL			OFFENSE DESC	RIPTION	CIT		TATION NUMBER			
	J													
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIST	VER Tracted		DHOL / DRUG SUSPI LCOHOL MAR	E CTED RIJUANA	CONDITION	STATUS TY	DHOL TEST PE VALUE		TYPE RESUL	T SELECT UP TO 4	
			BY		=	THER DRUG	TIJUANA	ļ	<u> </u>					
INJ	URIES	SEATING POSITION	A	IR BAG		OL CLASS	S	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST STA		
1 - FATAL	o centous thillow	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED 2 - MANUALLY OPERATION		- 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		ELECTRONIC COMMU	NICATION 3	-TEST REFUSED -TEST GIVEN, CON	TAMINATED	
4 - POSSIBLE I		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS		DEVICE (TEXTING, TY DIALING)		SAMPLE / UNUS/ -TEST GIVEN, RES		
5 - NO APPARE	NT INJURY	(MOTORCYCLE PASSENGER) 9-DEPLO				PLICABLE (MENT UNKNOWN 5 - M/C MOPED ONLY			A BUS A	3 - TALKING ON HANDS-F COMMUNICATION DEV	REE _	5 - TEST GIVEN, RESULTS		
	1. NOT TRANSPORTED			6 - NO VALID OL & CLASS B BU 7 - EXCEPT TRAC				OD TOAIL ED	4 - TALKING ON HAND-HE	/ICF	F			
/TREATED A		7 - THIRD - LEFT SIDE		ECTION		OL ENDORSE	MENT	8 - INTERMEDIATE		5 - OTHER ACTIVITY WIT	H AN	ALCOHOL TE: - NONE	ST TYPE	
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJE	CTED LY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	MIT	ELECTRONIC DEVICE 6 - PASSENGER		- BLOOD		
9 - OTHER / UN	KNOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY			P - PASSENGER		RESTRICTIONS		7 - OTHER DISTRACTION		- URINE		
SAFETY E	SAFETY EQUIPMENT 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				
1 - NONE USED	11 DACCENCED IN OTHER			RAPPED R-THREE-WHEEL MOTORCYCLE 12 - LIN			12 - LIMITED - OTHER		THE VEHICLE 9 - OTHER / UNKNOWN		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 2 - EXTRICATED BY			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND				1 - NONE				
	& LAP BELT USED	D 12 - PASSENGER IN UNENCLOSED MECHANICAL			CAL MEANS X - TANKER / HA7MAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION 1 - APPARENTLY NORMAL		2 - BLOOD 3 - URINE		
5 - CHILD REST FORWARD F	TRAINT SYSTEM – FACING	M - 13 - TRAILING UNIT NON-MEC			Y CHANICAL MEANS			14 - MILITARY VEHICLE		E THI GIONE INITALINATION		4 - OTHER		
6 - CHILD REST	TRAINT SYSTEM –	EM _ 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						15 - MOTOR VEHICLES WITHOUT AIR BRAKES		ANGRY, DISTURBED)		DRUG TEST RESULT(S)		
7 - BOOSTER S		15 - NON-MOTORIST						16 - OUTSIDE MIRROR 17 - PROSTHETIC AID		4- ILLNESS 5- FELL ASLEEP, FAINTED,		1 - AMPHETAMINES		
8 - HELMET US 9 - PROTECTIV		99 - OTHER / UNKNOWN						18 - OTHER		FATIGUED, ETC.		2 - BARBITURATES 3 - BENZODIAZEPINES		
(ELBOW, KN	NEES, ETC.)								6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS		4 - CANNABINOIDS			
	LO-REFLECTIVE CLOTHING L1-LIGHTING-PEDESTRIAN								/ ALCOHOL 9- OTHER / UNKNOWN		5 - COCAINE 6 - OPIATES / OPIOIDS			
/ BICYCLE O	/ BICYCLE ONLY										7	7 - OTHER		
99 - OTHER / UN	IKNUWN										8	- NEGATIVE RESU	LTS	

OCCUPANT / WITNESS ADDENDUM							2023		RT NUMBER	7 3	7				
	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE						
ΝŢ	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN									1 1	1 1	1 1	1 1			
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
ı	1 1								1 1 1						
OCCUPANT	ADDRESS:	DDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT C	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
ı	TAKEN BY					MC HELMET									
ì	UNIT #	* NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE						
PAN	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN		T					T				<u> </u>				
	INJURIES	INJURED TAKEN BY EMS AGENCY (NAME)			INJURED TAKEN TO: Medical Facili	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
٥	UNIT #	NAMF: IAS	T FIRST MIDDLE						E OF BIRTH		AGE	GENDER			
ı		UNIT # NAME: LAST, FIRST, MIDDLE							JACE OF SECTION AND GENERAL						
ANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN															
0	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		BY				,		MC HELMET		LL					
	3 5454		IRIES		EQUIPMENT USED		T – LEFT SIDE	ITION		AIR BAG U	SAGE				
	2 - SUSPECTED SERIOUS INJURY			OCCUPANT	ER)	PLOYED YED FRONT									
				ER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SI			=		3 - DEPLOYED SIDE						
	4 - P0SS	SIBLE INJU	RY		4 - SECOND - LEF			E	4 - DEPLOYED BOTH						
	5 - NO APPARENT INJURY				ER & LAP BELT USED ESTRAINT SYSTEM –		ORCYCLE PASS ND – MIDDLE	SENGER)	FRONT/SIDE 5 - NOT APPLICABLE						
		INJURED	TAKEN BY	FORWARI	FACING	6 - SECO	ND – RIGHT SI	DE	9 - DEPLOYMENT UNKNO						
	1 - NOT TRANSPORTED 6 - CHILD RI /TREATED AT SCENE REAR FA				STRAINT SYSTEM –	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE		CAR)	EJECTION						
	2 - EMS 7 - BOOSTER					D – MIDDLE		1 - NOT EJ							
	3 - POLICE 8 - HELMET			USED		D – RIGHT SIDE PER SECTION (2 - PARTIA	LLY EJECT	ED					
				IVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALL	Y EJECTED						
	10 - REFLECT 11 - LIGHTIN				IVE CLOTHING		O AREA (NON-TI PICK-UP WITH CAI		4 - NOT APPLICABLE						
					G – PEDESTRIAN	NCLOSED	TRAPPED 1 - NOTTRAPPED								
OO OTHED / HNIZNOWN							LING UNIT	2 - EXTRICATED BY MECHANIC							
					SINICINO	14 - RIDING ON VEHICLE (NON-TRAILING UNIT)		EXTERIOR	MEANS						
							MOTORIST R/UNKNOWN		3 - FREED MEANS	BY NON-ME	CHANIC	AL			
S		ST, FIRST, MIDD							E OF BIRTH		AGE	GENDER			
WITNESS		TT, EVAN						1 1 / 3			2 7	M			
M		STREET, CITY,	STATE, ZIP . HEATH, OH 4305	6				CONTACT PHONE							
5	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ESS															
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
4															
SS	NAME: LAS	ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
≥									I I						