OHIO DEPARTMENT TI	CRASH	LOCAL REPORT NUMBER*												
OH-2 OH-3 LOCAL INFORMATION								2023	- 00	0 0 2	992			
PHOTOS TAKEN	REPORTING AGE				HIT/SKIP	NUMBER OF	- 1	UNIT IN ERROR						
SECONDARY CRASH	Heath P	D	0	1 - SOLVED										
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*								CRASH DATE			SH SEVERITY FATAL			
3.	VILLAGE TOWNSHIP	HEATH		north complex		Constant of the State of the St	03182023			SERIOUS INJURY				
ROUTE TYPE ROUTE NU	LOCATION ROAD	NAME			ROAD TYPE	Appropriate Acceptance of	SUSPECTED MINOR INJURY							
4-1/10			30th				ST	4,0,032			SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH			REFERENCE ROA	AD NAME (ROAD	, MILEPOST, H	OUSE #)	ROAD TYPE							
ROUTE TYPE ROUTE NU	بالب	3 - EAST 4 - WEST	Andover				RD	- 8 4 4	3 1 3	5	PROPERTY DAMAGE ONLY			
REFERENCE POINT  1 - INTERSECTION	PRECTION FROM REFERENCE 1 - No	E TD	ROUTE TYP		- ALLEY	ROAD TYPE HW - HIGHWAY	RD - ROAD	<b>7</b>	INTERSECTION					
1 2 - MILE POST 3 - HOUSE #	2 - 80	DUTH US.	- FEDERAL US RO	UTE AV	- AVENUE	LA - LANE MP - MILEPOST	SQ - SQUARE	WITHIN INT	ERSECTION OR	ON APPROA	ин <b>3</b> ј			
	4 - WEST SR - STATE ROUTE CR - CIRCLE						ST - STREET TE - TERRACE	WITHIN INT	ERCHANGE AR	EA <b>NUM</b>	BER OF APPROACHES			
FROM REFERENCE	FROM REFERENCE UNIT OF MEASURE  TO NUMBERED TOWNSHIP  CT - COURT PK - P							KWAY TL - TRAIL ROADWAY						
	1 - MILES 2 - FEET 1 1 3 - YARDS TR - NUMBERED TOWNSHIP ROUTE DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE							ROADWAY DIVIDED						
LOCATIO	N OF FIRST HAI		T	MAN	INER OF CRAS	H COLLISION/IM	PACT	DIRECTION OF TRAV	EL	MEDIAN	MEDIAN TYPE			
1 - ON ROADWA		- CROSSOVER		_ RET	TAKEEN	1 - REAR-TO-REA 5 - BACKING	₹	1 - NORTH	vati (n)	1 - DIVIDED FLUSH MEDIAN				
0 1 2-ON SHOULD 3-IN MEDIAN	1.	1-RAILWAY G	ALLEY ACCESS RADE CROSSING	, <b>6</b> , TW	O MOTOR	6 - ANGLE		2 - SOUTH 3 - EAST	<sub>2</sub>	( < 4 FEET ) 2 - DIVIDED FLUSH MEDIAN				
4 - ON ROADSIE 5 - ON GORE	4 - ON ROADSIDE 12-SHARED USE PATHS OR TRANSPORT 7 -							4-WEST	3	(≥4 FEET) - DIVIDED, DEPRESSED MEDIAN				
6 - OUTSIDE TR	MI I TO WAY	3-BIKE LANE 4-TOLL BOOT		3 - HEA		3 - SIDESWIPE, 0 9 - OTHER/UNKN			4	- DIVIDED, RAISED MEDIAN (ANY TYPE)				
7 - ON RAMP 8 - OFF RAMP		9-0THER/UN							9	- OTHER/UNKNOWN				
WORK ZONE RELAT	TED		WORK ZONE TY	PE	LOCATIO	N OF CRASH IN	WORK ZONE	CONTOUR	CONDI	TIONS	SURFACE			
WORKERS PRESEN			LANE CLOSURE LANE SHIFT/CRO	SSUMED	1.	BEFORE THE 1S WARNING SIGN		1	_1		2			
LAW ENFORCEMEN			WORK ON SHOUL		1.0	- ADVANCE WARN		1 - STRAIGHT LEVEL	1 - DRY		1 - CONCRETE			
		4 -	OR MEDIAN INTERMITTENT	R MOVING WOR		- TRANSITION AR - ACTIVITY AREA	TTY AREA							
ACTIVE SCHOOL ZO	ONE	5 -	OTHER		5	- TERMINATION A	AREA	4 - CURVE GRADE	4 - ICE		ASPHALT  3 - BRICK/BLOCK			
200000000000000000000000000000000000000	CONDITION			WEATH				9 - OTHER/UNKNOWN			4 - SLAG, GRAVEL,			
1 - DAYLIGHT 2 - DAWN/DUSK			.01 2 - CL	.EAR .OUDY	6 - SNOW 7 - SEVERE	CROSSWINDS	, 5-JJR							
3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWI							SOIL, DIRT, SNOW OR FREEZING DRIZZLE ORDER							
5 - DARK – UNKI	NOWN ROADWA			EET, HAIL		/ UNKNOWN	LING DIVILLE		9 - OTHER/UI	NKNOWN				
9-OTHER/UNK	KNOWN									T .				
NARRATIVE Unit 1 was s	stannad	for a tr	affic liabt	on Ando	vor Pd					N	Indicate the north direction with			
and S. 30th. U			_			-					an "N" on the compass diagram.			
changed back	-				_	_		ScenePD ™ - Evaluation Edition	1		-			
driver side qu						Evaluation Edition	Evaluation Evaluation Edition	on Edition		Evaluation Edition				
-	-						Evaluatio	Evaluation Edition	Evaluation Edition Edition					
Unit 2 was tra						Evaluation Edition		Evaluation Evaluation	Evaluation Edit	Evaluation Edition				
his light was		Evaluatio	Evaluation Edition Edition	n Edition	on	-								
intersection. Fault was not determined.							Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition							
						мс	DONALD LANE Evaluation	Evaluation Edition	ANE ANE	OOVER RD	-			
							Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition							
						Evaluation Evaluation Edition	Evaluation Edition			-				
Evaluation Edition Evaluation Edition										Evaluation Edition on				
<u></u>						Evaluation Edition	Evaluation Evaluation Edition	Evaluation Edition on Edition						
ODAGU DEDODTES	DATE /TIPLE		DICDATOU DATE	TIME			AE	Trancite (877) 908-4777	DATE /TTAKE		EPORT TAKEN BY			
0 3 1 8 2 0 2 3			82023	- NATARAMANA	CALMAN	RIVAL DATE / TIM	01	SCENE CLEARED 3 1 8 2 0 2		N/T	POLICE AGENCY			
TOTAL TIME	OTHER				2 2 I 8	1	CHECKED BY OFF		5 092	<u>-</u> 45	MOTORIST			
TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME TOTAL MINUTES ROBERTS  OFFICER'S NAME* ROBERTS							Markley	ICER 3 NAME"		一	SUPPLEMENT (CORRECTION of ADDITION			
		_		OFFICER'S BA			O CHECKED	BY OFFICER'S BADGE	NUMBER*	$\Box$	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
	1 1	6	0	7 , -	1 ,	4 9	<b>U</b> /	<b>_</b>	, <b>-</b> , /					

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

OHIO DE OF PUBL SAFETY - SERV	OHIO DEPARTMENT MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST								2 0 2 3 - 0 0 0 0 2 9 9 2								
UNIT #											DATE OF BIRTH		$\overline{}$	AGE	GENDER		
01									0 5	/ 2	2 1 / 1	9 5 (	_	7 2	М		
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE																
<u> </u>		R GRANVILLE, OH 43	3023														
Z	RIES INJURED EMS AGENCY (NAME)				AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		-COMPLIA			USAGE				
5 OL STATE	BY LOOP TOOL TOO NOT NUMBER				E CHAI	CED	LOCAL	O 4		T 0 1		CITATION NUMBER					
O H					OFFENSE CHARGED LOCAL OFFENSE				CITATION N					UWBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRI	VER	ALC	OHOL / DRUG SUSP	L LLL ECTED	CONDITION			OL TEST			TEST(S			
	SELECT UP TO 2		BY	TRACTED	Д	LCOHOL MA	RIJUANA		STATUS		VALUE	STATUS	TYPE	RESULT	T SELECT UP TO 4		
					1 OTHER DRUG			1	1 1			_1	1				
UNIT #	NAME: LAST, F				0 8		DATE OF BIRTH	00	.   .	AGE 3 1 .	GENDER M						
	: STREET, CITY, ST	S, JOSHUA							0 8 / 0 2 / 1 9 9 1 3 1 M  CONTACT PHONE - INCLUDE AREA CODE								
		AVE NEWARK, OH 4	3055														
o ≧ INJURIES	ES INJURED EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME					po:	SEATING POSITI	ON AIR BAG	N AIR BAG USAGE EJECTION TRAPPED					
NON 5	TAKEN BY							USED O 4	DOT-COMPLIANT 0 1			1	1 1 1				
OL STATE	OPERATOR L	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	CRIPTION			CITA	CITATION NUMBER				
E O H																	
OL CLASS	ENDORSEMENT SELECT UP TO 2	LECT UP TO 2			ALCOHOL / DRUG SUSPECTED STRACTED ALCOHOL MARIJUANA				STATUS TYPE VALUE			STATUS	STATUS TYPE RESULT SELECT UP TO 4				
4			ВУ	1	=	THER DRUG	KIJUANA	1 1	1 ,	1		1	1		11 11 1		
UNIT#	NAME: LAST, F	FIRST, MIDDLE			_						DATE OF BIRTH			AGE	GENDER		
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE					
				_													
ADDRESS:	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDT	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED					-Compli	SEATING POSITI	ON AIR BAG	USAGE	EJECTION	TRAPPED		
z		ICENSE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	CRIPTION			CITA	CITATION NUMBER					
OL STATE																	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER	ALC	OHOL / DRUG SUSP	ECTED	CONDITION	STATUS		OL TEST VALUE	STATUS	DRU(	TEST(S	T SELECT UP TO 4		
	SELECT UP TO 2		BY	TRACTED	=	_	RIJUANA		STATUS	ITPE	VALUE	STATUS	ITFE	KESUL	I SELECT UP TO 4		
TNII	JRIES	SEATING POSITION		IR BAG	☐ 0 <sup>-</sup>	THER DRUG OL CLAS	s	OL RESTRIC	TION(S)	L D	RIVER DISTRAC	CTION		IEST STA	TIIS		
1 - FATAL	ARILO	1 - FRONT - LEFT SIDE	1 - NOT DEP			1 - CLASS A	<u>.</u>	1 - ALCOHOL INTER		account Parents	NOT DISTRACTED			E GIVEN			
2 - SUSPECTED 3 - SUSPECTED	ED SERIOUS INJURY (MOTORCYCLE DRIVER)  2 - FRONT - MIDDLE		2 - DEPLOYED FRONT 2 - CLASS B 3 - DEPLOYED SIDE 3 - CLASS C				2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES			2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION			2 - TEST REFUSED  3 - TEST GIVEN, CONTAMINATED				
	- POSSIBLE INJURY 3 - FRONT - RIGHT SIDE		4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS					4 - FARM WAIVER	14020		DEVICE (TEXTING, TYPING, DIALING)			SAMPLE / UNUSABLE			
5 - NO APPAREN	5 - NO APPARENT INJURY  4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE (OHIO = D)  9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY					5 - EXCEPT CLASS		3 -	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS			
INJURED  1 - NOT TRANSP	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE	, 52, 20,			6 - NO VALID OL		& CLASS B BUS			TALKING ON HAND-H COMMUNICATION DE			NOWN			
/TREATED A		7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	80000000000000000000000000000000000000	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE			OTHER ACTIVITY WIT	TH AN	1 - NON	DHOLTE:	ST TYPE		
2 - EMS 3 - POLICE	3 - POLICE 8 - THIRD - MIDDLE		1 - NOT EJECTED H - HAZMAT 2 - PARTIALLY EJECTED M - MOTORCYCLE					RESTRICTIONS 9 - LEARNER'S PER	MIT	ELECTRONIC DEVICE 6 - PASSENGER			2 - BL00D				
9 - OTHER / UNK	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION		3 - TOTALLY EJECTED P - PASSENGER				RESTRICTIONS  10 - LIMITED TO DAY		7 - OTHER DISTRACTION INSIDE THE VEHICLE			3 - URINE 4 - BREATH					
SAFETY E	QUIPMENT	OF TRUCK CAB	4 - NOT APP	LICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMI		8-	OTHER DISTRACTION THE VEHICLE	OUTSIDE	5 - OTH	ER			
1 - NONE USED	ENCLOSED CARGO AREA			MOTTDADDED 12				12 - LIMITED - OTHE 13 - MECHANICAL DI	EVICES  ES, HAND			DRUG TEST TYPE  1 - NONE 2 - BLOOD					
	3 - LAP BELT ONLY USED PICK-UP WITH CAP)		2 - EXTRICATED BY  T - DOUBLE & TRIPLET TRAILERS				(SPECIAL BRAK CONTROLS, OR O	1									
	4 - SHOULDER & LAP BELT USED 12 - PASSENG 5 - CHILD RESTRAINT SYSTEM –		3 - FREED BY NON-MECHANICAL MEANS			X - TANKER / HAZMAT		ADAPTIVE DEVI	CES) 1 CLES ONLY 2 ES WITHOUT 3		1 - APPARENTLY NORMAL		3 - URINE				
FORWARD FA	FORWARD FACING 13 - TRAILING UNIT 6 - CHILD RESTRAINT SYSTEM 14 - RIDING ON VEHICL							15 - MOTOR VEHICLE			2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER				
REAR FACIN	REAR FACING (NON-TRAILING							AIR BRAKES 16 - OUTSIDE MIRRO			ANGRY, DISTURBED) 4- ILLNESS			DRUG TEST RESULT(S)  1-AMPHETAMINES			
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN							17 - PROSTHETIC AII	5-	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES				
9 - PROTECTIVE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							18 - OTHER			6- UNDER THE INFLUENCE			3 - BENZODIAZEPINES 4 - CANNABINOIDS			
10 - REFLECTIVE											OF MEDICATIONS / DF / ALCOHOL	RUGS	5 - 000	AINE			
11 - LIGHTING - / BICYCLE OF										9-	OTHER / UNKNOWN		6 - OPIA 7 - OTH	ATES / OPIOIO ER	OS .		
99 - OTHER / UNK														ATIVE RESU	LTS		