OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES LOCAL INFORMATION	MANDATORY FIELD FOR SUPPLE	MENT REPORT	2023-	OCAL REPORT NUMBER	119				
PHOTOS TAKEN OH-1P OTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR									
SECONDARY CRASH PRIVATE PROPERTY	Heath PD	0	4 5 0 7	1 - SOLVED LJ 2 - UNSOLVED	020	2 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATION: CIT 4 5 1 2-VILLAGE HEATH	CRASH DATE / TIME * CRASH SEVERITY 0.32.12.02.3. 1.2385									
3 - TOWNSHIP	03212023 1238 5 2 - SERIOUS INJURY SUSPECTED									
S R 79 2-SOUTH 3-EAST	R D	40,024806 3-MINOR INJURY SUSPECTED								
	HEBRON REFERENCE ROAD NAME (ROA	AD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		INJURY POSSIBLE				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1010		1 1	-82,447	6 4 8 5-	PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATED					
3 2-MILE POST 4 2-SOUTH US		AL - ALLEY HW - HIGHWAY AV - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPROAG	IH .				
3 - HOUSE # 3 - EAST SR	ST - STREET TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES								
DISTANCE DISTANCE CR UNIT OF MEASURE TO	TL - TRAIL	ROADWAY								
1-MILES TR 2 2-FEET 3-YARDS	WA - WAY	ROADWAY DIVIDED								
LOCATION OF FIRST HARMFUL EVEN	IT MA	ANNER OF CRASH COLLISION/IMI	PACT	DIRECTION OF TRAVE	L MEDIAN	ТҮРЕ				
1 - ON ROADWAY 9 - CROSSOVEI 0 1 2 - ON SHOULDER 10 - DRIVEWAY	ALLEY ACCESS 3 B	OT COLLISION 4 - REAR-TO-REAR ETWEEN 5 - BACKING	3	1 - NORTH	1 - DIVIDED FI (< 4 FEET					
A STATE OF THE STA	RADE CROSSING	WO MOTOR EHICLES IN 6-ANGLE RANSPORT 7-SIDESWIPE, SA	ME DIDECTION	2 - SOUTH 3 - EAST	2 - DIVIDED FI					
5 - ON GORE TRAILS	2 - RI	EAR-END 8-SIDESWIPE, OF	POSITE DIRECTION	4 - WEST	3 - DIVIDED, D	EPRESSED MEDIAN				
7 - ON RAMP 14-TOLL BOOT	н	EAD-ON 9-OTHER/UNKN	OWN		4 - DIVIDED, RAISED MEDIAN (ANY TYPE)					
8 - OFF RAMP 99-OTHER/UI					9 - OTHER/UNI					
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN N 1 - BEFORE THE 1S	T WORK ZONE	CONTOUR 1	CONDITIONS 1	SURFACE 2				
 	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARN		1 - STRAIGHT LEVEL	1 - CONCRETE					
LAW ENFORCEMENT PRESENT	OR MEDIAN INTERMITTENT OR MOVING WO	3 - TRANSITION AR 4 - ACTIVITY AREA	EA	2 - STRAIGHT GRADE	2 - BLACKTOP,					
	OTHER	5 - TERMINATION A	REA	3 - CURVE LEVEL 4 - CURVE GRADE	BITUMINOUS, ASPHALT					
LIGHT CONDITION	WEAT	THER		9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,				
1 - DAYLIGHT 1 2 - DAWN/DUSK	1 - CLEAR 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING,	STONE				
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	104	OKE 8 - BLOWING SAND, SOIL, DI 9 - FREEZING RAIN OR FREE			MOVING) 7 - SLUSH	5 - DIRT 9 - OTHER/UNKNOWN				
5 - DARK – UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL	99 - OTHER / UNKNOWN	ZING DRIZZLE		9 - OTHER/UNKNOWN					
9-OTHER/UNKNOWN										
NARRATIVE UNIT 1 WAS STOPPED IN TR	AFFIC ON SR	and a second				Indicate the north direction with an "N" on the				
79/HEBRON RD HEADED SO		IE FAR		ScenePD ™ - Evaluation Edition		compass diagram.				
RIGHT LANE. UNIT 2 WAS T	RAVELING SOUTH		Evaluation	Evaluation Edition						
ON SR 79 IN THE FAR RIGHT	LANE AND STRU	CK Evaluation Edition	Evaluation Edition		Evaluation Edition Evaluation Edition	<u> </u>				
UNIT 1 IN THE REAR-END.		Evaluation Edition	Evaluation Evaluation Edition	Evaluation I Evaluation Edition	(N)	_				
		Evaluation Edition		Evaluation Edition	Evaluation Edition Not To Scale					
		Evaluation Edition	Evaluation Edit	adin5n2	Evaluation Edition					
			By NOW Edward	Evaluation I	Evaluation Edition					
		Evaluation Edition	Evaluation Edition 1		HUBER AUTOMOTIVE 1010 HEBRON RD Evaluation Edition					
			Evaluation	Evaluation Edition	Edition					
		Evaluation Edition	Evaluation Edition	Evaluation	Evaluation Edition Evaluation Edition					
		Evaluation Edition	Evaluation Evaluation Edition	Evaluation Edition						
CDACH DEDODTED DATE (TYPE	DISDATON DATE / TIME	<u> </u>	ie.	Trancite (877) 908-4777 SCENE CLEARED I	DATE / TIME	DODITAVEN DV				
CRASH REPORTED DATE / TIME 0.3.2.1.2.0.2.3	12023 1240	ARRIVAL DATE / TIM	300	3 2 1 2 0 2 3	Total Company	PORT TAKEN BY POLICE AGENCY				
TOTAL TIME OTHER TOTAL	L OFFICER'S NAME*		CHECKED BY OFFI			MOTORIST				
ROADWAY CLOSED INVESTIGATION TIME MINU	Ramage		Markley	BY OFFICER'S BADGE N		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				
3,4	0 7 -	BADGE NUMBER* 1 3 1	0 7	- 1	4 7	CONTRACTOR				

54 - OTHER FIXED OBJECT

99 - OTHER / LINKNOWN

POSTED SPEED

3

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

1 29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

1

36 - MEDIAN OTHER BARRIER

41 - OTHER POST, POLE

OR SUPPORT

■ MOST HARMFUL EVENT

48 - TREE

49 - FIRE HYDRANT

3 - UNDETERMINED

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DEI OF PUBLI SAFETY - SERV	PARTMENT IC SAFETY ICE - PROTECTION	OTORIST / N o	N-M	Іото	RIS	Т			2 0	2	3 - 0 (1 1	9	
UNIT #								DATE OF BIRTH			AGE	GENDER				
01	PRANCIS, JOHN MICHAEL						0 9	_ _/ _1	8 / 1	9 4 !	5	7 7	M			
₽	: STREET, CITY, ST NDEPENDE	ATE, ZIP INCE DR DR NEWARK	C. OH 43	8055					CONTA	CT PHO	INE - INCLUDE AREA	CODE		.0.6		
<u> </u>	INJURED	EMS AGENCY (NAME)	4 011 10		TAKEN TO	: MEDICAL FACILITY	FACILITY (NAME, CITY) SAFETY EQUIPMENT SEATING POSITION AIR BAG USAGE EJECT					EJECTION	TRAPPED			
NON 5	TAKEN							USED 0 4		T-COMPLIA HELME		1		1 ,	1	
OL STATE	. STATE OPERATOR LICENSE NUMBER			OFFENS				OFFENSE DESC	CRIPTION			CITATION NUMBER				
E O H					CODE											
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	DHOL / DRUG SUSPI		CONDITION	STATUS		OL TEST VALUE	STATUS	DRU TYPE	G TEST(S RESUL	SELECT UP TO 4	
_4	М	0 3	".	1	=	THER DRUG		1	1	1		1	_1			
UNIT #	NAME: LAST, I	FIRST, MIDDLE	'	'				•			DATE OF BIRTH	•		AGE	GENDER	
0 2	woods,	JEFFOREY L							0 8 / 0 7 / 1 9 5 5 6 7				6 7	M		
E	: STREET, CITY, ST	•							CONTA	CT PHO	NE - INCLUDE AREA	CODE	_			
86 WO		BUCKEYE LAKE, OH 4	3008					I								
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	SAFETY EQUIPMENT	T DOT-COMPLIANT SEATING POSITION OF 1		ION AIR BA	G USAGE	EJECTION 1	TRAPPED 1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION	l		CITATION NUMBER				
В о н ј				333.0	3		CODE	333.03				215	215604			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPI		CONDITION	STATUS		OL TEST VALUE	STATUS	DRU TYPE	G TEST(S	SELECT UP TO 4	
. 4			ВУ	9	=	LCOHOL MAF THER DRUG	RIJUANA	1	1	.1		1	1			
UNIT #	NAME: LAST, I	FIRST, MIDDLE			Ц,	THER DROG					DATE OF BIRTH			AGE	GENDER	
		,														
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP								CONTA	CT PHO	INE - INCLUDE AREA	CODE				
NO I												1	1			
INJURIES ADDRESS:	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	☐ DO	Γ-Compli	SEATING POSIT	ION AIR BA	G USAGE	EJECTION	TRAPPED	
						MC HELMET		_								
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL CODE		OFFENSE DESC	RIPTION			CITA	CITATION NUMBER					
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRI	VER	ALC	DHOL / DRUG SUSPI	L L	CONDITION			OL TEST		DRU	G TEST(S)	
	SELECT UP TO 2			TRACTED			RIJUANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESUL	SELECT UP TO 4	
					0	THER DRUG					•					
INJU 1 - FATAL	JRIES	SEATING POSITION 1- FRONT - LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1 - CLASS A	S	OL RESTRIC 1-ALCOHOL INTER		SECTION PROPERTY.	NOT DISTRACTED	CTION		TEST STA Ne given	TUS	
2 - SUSPECTED	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYE	ED FRONT		2 - CLASS B		2 - CDL INTRASTAT			MANUALLY OPERAT			T REFUSED		
3 - SUSPECTED 4 - POSSIBLE IN		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE	ED SIDE ED BOTH FRO	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	INSES		DEVICE (TEXTING, T DIALING)			T GIVEN, CON MPLE / UNUS		
5 - NO APPAREN		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP		IVI 7 SIBL	(OHIO = D)		5 - EXCEPT CLASS	A BUS	3 -	TALKING ON HANDS-	FREE			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 & CLASS B BUS		4 -	COMMUNICATION DE TALKING ON HAND-H			T GIVEN, RES KNOWN	IULIS	
1 - NOT TRANSP /TREATED A		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	E E	IECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO			COMMUNICATION DE	VICE	ALC	OHOL TE	ST TYPE	
2 - EMS	. OOLNE	(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE		ELECTRONIC DEVICE		1 - NON 2 - BLO			
3 - POLICE 9 - OTHER / UNK	ZNIOWNI	8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	RMIT		- PASSENGER - OTHER DISTRACTION	V	3 - URI			
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP			N - TANKER		10 - LIMITED TO DAY		Υ	INSIDE THE VEHICLE	Ē	4 - BRE			
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	TI	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TODOVOLE	11 - LIMITED TO EM 12 - LIMITED - OTHE			OTHER DISTRACTION THE VEHICLE	10012IDE	5 - OTH			
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA			S - SCHOOL BUS	TONGTOLL	13 - MECHANICAL D (SPECIAL BRAK		9-	OTHER / UNKNOWN		1 - NON	RUG TEST Ve	TYPE	
5 EM BEEN CHEN COLD		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICATED BY ED MECHANICAL MEANS			T - DOUBLE & TRIPLE	CONTROLS, OR C	THER	HER CONDITIO			2 - BL00D				
5 - CHILD RESTRAINT SYSTEM – FORWARD FACING		CARGO AREA 13 - TRAILING UNIT	SY X - TANKER / HAZMAT CHANICAL MEANS			14 - MILITARY VEHI			1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT		3 - URI 4 - OTH					
6 - CHILD REST	RAINT SYSTEM -	4 - RIDING ON VEHICLE EXTERIOR					15 - MOTOR VEHICLE AIR BRAKES	ES WITHOUT		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)				SULT(S)		
	REAR FACING (NON-TRAILING U 7 - BOOSTER SEAT 15 - NON-MOTORIST						16 - OUTSIDI			4- ILLNESS			DRUG TEST RESULT(S) 1-AMPHETAMINES			
8 - HELMET US		99 - OTHER / UNKNOWN						17 - PROSTHETIC AI 18 - OTHER	D		FELL ASLEEP, FAINT FATIGUED, ETC.	ED,		RBITURATES NZODIAZEPIN	FS	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							20 VIIIEI		6-	UNDER THE INFLUEN	DERTHE INFLUENCE MEDICATIONS / DRUGS 4 - CANNABIN			LJ	
10 - REFLECTIVE	E CLOTHING										/ALCOHOL	.505	5 - 000		ne.	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY									9-	OTHER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTHER / UNKNOWN														SATIVE RESU	LTS	

Q	SONIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM							2 0 2	2	LOCAL REPO			0			
_											0 0 3					
	UNIT #	NAME: LAST, FIRST, MIDDLE								OF BIRTH	6 7	AGE 5 5	GENDER			
į		FRANCIS, PAULA R S: STREET, CITY, STATE, ZIP										5 5	<u> </u>			
CCUPAN	1509 INDEPENDENCE DR NEWARK, OH 43055								CONTACT PHONE - INCLUDE AREA CODE							
		INJURED	INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN							SEATING POSITION	AIR BAG USA	E EJECTION	TRAPPED			
	5	TAKEN BY					USED 0 4	MC HELM		0 3	1	1	1			
ľ	UNIT #	NAME: LAS	T, FIRST, MIDDLE				1		DATE	OF BIRTH		AGE	GENDER			
									ш				J			
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TV (NAME CITY)	SAFETY EQUIPMENT		<u> </u>	SEATING POSITION	AIR BAG USAGE EJECTION TRAPF					
	INJUNIES	TAKEN BY	LINS AGENCY (NAME)		INSURED PARENTO. INEDICAL PAGILITY	TT (MANNE, CITT)	USED	DOT-COMP	LIANT	AIN DAG OSA	Laconon	, , , , , , , , , , , , , , , , , , ,				
ð	UNIT #	NAME: LAS	T, FIRST, MIDDLE						DATE	OF BIRTH		AGE	GENDER			
	1 1															
INV	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
OCCUPAN																
-	INJURIES	TAKEN			INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMP	LIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED			
9		BY						INC HELIV	Į							
	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDI							
A N T	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN									ı	1 1	1 1	1 1	1 1			
=	INJURIES INJURED TAKEN BY LOUIS EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMP	LIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED				
						☐ MC HELM	IET L				J [
	1 EATA		JRIES	1 - NONE US	Y EQUIPMENT USED		SEATING POS IT – LEFT SIDE	ITION		1 - NOT DE	AIR BAG	USAGE				
				OCCUPANT	ORCYCLE DRIV	ER)	2 - DEPLO		Т							
			INOR INJURY	2 - SHOULDI	ER BELT ONLY USED	=		3 - DEPLOYED SIDE								
	4 - POS	SIBLE INJU	IRY		T ONLY USED	IT – RIGHT SIDI IND – LEFT SIDI	DE		4 - DEPLOYED BOTH FRONT/SIDE							
	5 - NO A	APPARENT :	INJURY		ER & LAP BELT USED ESTRAINT SYSTEM –	ORCYCLE PASS IND – MIDDLE	ENGER)		5 - NOT APPLICABLE							
			TAKEN BY		D FACING	6 - SECOND - RIGHT SIDE 9 - DEPLOYMENT UNKNO										
	1 - NOT TRANSPORTED 6 - CHILD RI /TREATED AT SCENE REAR FA			ESTRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE	CAR)	EJECTION								
	2 - EMS 7 - B00STER			RSEAT		THIRD – MIDDLE THIRD – RIGHT SIDE										
	3 - POLICE 8 - HELMET					PER SECTION (В	2 - PARTIALLY EJECTED							
				TIVE PADS USED KNEES, ETC.)		ENGER IN OTH										
	10 - REFLECT			TIVE CLOTHING	BUS, F	PICK-UP WITH CA	P) ,		4 - NOT APPLICABLE TRAPPED							
	11 - LIGHTIN / BICYCL			G – PEDESTRIAN F ONLY	12 - PASSENGER IN UNENCLOSED CARGO AREA 1 - NOT TRAPPED)FFED					
	99 - OTHER /					EXTERINE				TED BY MECHANICAL						
					14 - RIDING ON VEHICLI (NON-TRAILING UNIT)			LATERIOR		MEANS 3 - FREED BY NON-MECHANICA			AI			
							MOTORIST ER/UNKNOWN			MEANS		ECHANIC	AL			
ľ	NAME: LAS	ST, FIRST, MIDD	PLE						DATE	OF BIRTH		AGE	GENDER			
WITNESS									LI							
MI	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PH	IONE -	- INCLUDE AREA COI	DE					
8	NAME: LAS	ST, FIRST, MIDD	ILE						DATE	OF BIRTH		AGE	GENDER			
ESS																
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE									
5																
SS	NAME: LAST, FIRST, MIDDLE						ļ.,,,,	DATE OF BIRTH AGE GENDER								
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								HONE - INCLUDE AREA CODE							
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