| OF PUBLIC SAFETY TRAFFIC CRASH | KEPORT *DENOTES MAND LOCAL INFORMATION | ATORY FIELD FOR SUPPLEME | NT REPORT | 2023- | O CAL REPORT NUMBER | | | | | | |
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| PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER | REPORTING AGENCY NAME* | NCIC* | HIT/SKIP NUMBER OF UNITS UNIT IN ERROR | | | | | | | | |
| SECONDARY CRASH PRIVATE PROPERTY | Heath PD | | 507 | 1 - SOLVED LJ 2 - UNSOLVED | | 3 98 - ANIMAL 99 - UNKNOWN | | | | | |
| COUNTY* LOCALITY* 1-CITY 4 5 1 2-VILLAGE HEATH | | CRASH DATE / TIME * CRASH SEVERITY | | | | | | | | | |
| 3 - TOWNSHIP | 03212023 1540 5 2 - SERIOUS INJURY SUSPECTED | | | | | | | | | | |
| S R 79 2-SOUTH 3-EAST | LOCATION ROAD NAME | ROAD TYPE | 4.0.0 2 1 5 9 5 3-MINOR INJURY SUSPECTED | | | | | | | | |
| | ROAD TYPE | LONGITUDE DE | | INJURY POSSIBLE | | | | | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 1109 Hebron | - " | R D | - 8 44 | PROPERTY DAMAGE | | | | | | |
| REFERENCE POINT DIRECTION SENIM PEFERENCE | ROUTE TYPE | ROAD TYPE | | INTERSECTION RELATED | | | | | | | |
| 1 - INTERSECTION 1 - NORTH IR | - INTERSTATE ROUTE(TP) AL - A - FEDERAL US ROUTE AV - A' | | D - ROAD Q - SQUARE | WITHIN INTERSECTION OR ON APPROACH | | | | | | | |
| 3- HOUSE # 3- EAST | STATE ROUTE BL - BI | | T - STREET | WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | | | | | | |
| FROM REFERENCE UNIT OF MEASURE | NUMBERED COUNTY ROUTE CT - CO | | E - TERRACE L - TRAIL | ROADWAY | | | | | | | |
| 1-MILES TR. 2-FEET 1 1 3-YARDS | ROUTE DR - D ROUTE DR - D | RIVE PI - PIKE W EIGHTS PL - PLACE | A - WAY | ROADWAY DIVIDED | | | | | | | |
| LOCATION OF FIRST HARMFUL EVEN | | R OF CRASH COLLISION/IMPAC | T. | DIRECTION OF TRAVE | MEDIAN | ITYPE | | | | | |
| 1 - ON ROADWAY 9 - CROSSOVER 1 - ON SHOULDER 10 - DRIVEWAY | ALLEY ACCESS 3 BETWE | | | 1-NORTH 1-DIVIDED FLUSH MEDIAN | | | | | | | |
| A STATE OF THE STA | RADE CROSSING VEHICL | ES IN 6-ANGLE | DIDECTION | 2 - SOUTH 3 - EAST | 2 - DIVIDED FI | | | | | | |
| 5 - ON GORE TRAILS | 2 - REAR-E | ND 8-SIDESWIPE, OPPOS | SITE DIRECTION | 4 - WEST 3 - DIVIDED, DEPRESSED MEI 4 - DIVIDED, RAISED MEDIAN | | | | | | | |
| 7 - ON RAMP 14-TOLL BOOT | Н | N 9-OTHER/UNKNOW | /N | | ·) | | | | | | |
| 8 - OFF RAMP 99 - OTHER / UI | | | | - ANNTAUR | 9 - OTHER/UNI | 1 | | | | | |
| WORK ZONE RELATED 1 - | WORK ZONE TYPE LANE CLOSURE | 1 - BEFORE THE 1ST W | | CONTOUR 1 | CONDITIONS 1 | SURFACE 2 | | | | | |
| | LANE SHIFT/CROSSOVER WORK ON SHOULDER | WARNING SIGN 2 - ADVANCE WARNIN | G AREA | 1 - STRAIGHT LEVEL | 1 - CONCRETE | | | | | | |
| LAW ENFORCEMENT PRESENT | OR MEDIAN INTERMITTENT OR MOVING WORK | 3 - TRANSITION AREA 4 - ACTIVITY AREA | | 2 - STRAIGHT GRADE 2 - WET 2 - BLACKT | | | | | | | |
| | OTHER | 5 - TERMINATION ARE | .A | 3 - CURVE LEVEL 3 - SNOW ASPHALT 4 - CURVE GRADE 4 - ICE 3 PRICKIPLO | | | | | | | |
| LIGHT CONDITION | WEATHER | | | 9 - OTHER/UNKNOWN | 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, | | | | | | |
| 1 - DAYLIGHT 1 2 - DAWN/DUSK | | - SNOW - SEVERE CROSSWINDS | | | STONE | | | | | | |
| 3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIF | | | | | 5 - DIRT 9 - OTHER/UNKNOWN | | | | | | |
| 4 - DARK – ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRI 5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | | | | | | | | | | | |
| NARRATIVE Unit 1 was traveling north o | n SR 79 in the left lar | ne. | | | | Indicate the north direction with an "N" on the | | | | | |
| Unit 1 stopped for traffic bed | | | | ScenePD ™ - Evaluation Edition | | compass diagram. | | | | | |
| Heath Rd. Unit 2 stopped be | ehind Unit 1. Unit 3 v | | Evaluation | Evaluation Edition | | - | | | | | |
| traveling north on SR 79 in t | | lid Evaluation Edition | ation Edition | | Eval ation Edition | | | | | | |
| not stop and struck the rear of Unit 2. Unit 2 was | | | | | | | | | | | |
| pushed forward and struck the rear of Unit 1. | | | | | | | | | | | |
| | | Evaluation Edition | Evaluation Edition | Edition | & Evaluation Edition | - | | | | | |
| | | _ | Evaluation | Evaluation Edition | Evaluation Edition | | | | | | |
| | | Evaluation Edition | Evaluation ation Edition | | Evaluation Edition | | | | | | |
| | | Evalue | Evaluation | Evaluation Edition | fition — | | | | | | |
| | / / Evaluation i | Evaluation Edition Edition | | | | | | | | | |
| | | Evaluation Edition | Evaluation ation Edition Not 7 | Evaluation Edition Edition Scale | / | | | | | | |
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME | ARRIVAL DATE / TIME | | Trancite (877) 908-4777 SCENE CLEARED I | DATE / TIME DE | EPORT TAKEN BY | | | | | |
| The second section of the second section is a second section of the second section of the second section is a second section of the second section sec | 12023 15400 | | 5 4 2 0 | 3212023 | ⊘ T | POLICE AGENCY | | | | | |
| TOTAL TIME OTHER TOTAL | L OFFICER'S NAME* | Сн | ECKED BY OFFIC | CER'S NAME* | 1 1 1 1 1 1 | MOTORIST | | | | | |
| ROADWAY CLOSED INVESTIGATION TIME MINUT | nart | BY OFFICER'S BADGE NUMBER* SUPPLEMENT (CORRECTION OR ADDITION 10 AN EXISTING REPORT SONT TO GOPS) | | | | | | | | | |
| | O 7 - | | O 7 | - 1 | 3 8 | Control of the State And Tables (A. A. C. | | | | | |

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

3

| OHIO DE OF PUBL SAFETY - SERV | OHIO DEPARTMENT MOTORIST / NON-MOTORIST | | | | | 2 0 | 2 | 3 - (| AL REP | | | 1 3 | 6 | | | | |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|-----------------------------------------------------------|--------------------------------------|----------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|---------------------------------------------------|---------------------------------------|---------------------------|-----------------------------------------|----------------------|----------------|--|
| UNIT # | | | | | | | | | | DATE OF BI | RTH | | \top | AGE | GENDER | | |
| 0 1 SPRING, MARK STEVEN | | | | | | 0 1 / 2 6 / 1 9 5 9 | | | | | 6 4 | M | | | | | |
| ADDRESS | ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | _ | | | | |
| 210 BR | ENTON DR | NEWARK, OH 4305 | 5 | | | | | | | | <u> </u> | | | | <u> </u> | | |
| 2 | TAKEN | | | : MEDICAL FACILITY | (NAME, CITY) | SAFETY EQUIPMENT USED _ | | -Compli | IANT | POSITION | | G USAGE | | | | | |
| 5 | ВУ | | | | | | 0 4 | | | ELMET 0 1 | | | | | _1 | | |
| OL STATE | OPERATOR L | OPERATOR LICENSE NUMBER OFFENSE CHA | | | SE CHAI | RGED | CODE | OFFENSE DESC | RIPTION | | CIT | | | ATION NUMBER | | | |
| O H OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 DRIVER | | | ALC | ALCOHOL / DRUG SUSPECTED | | CONDITION | | ALCOH | COHOL TEST | | | DRUG TEST(S) | | | |
| OL OLASS | SELECT UP TO 2 | RESTRICTION SELECT | | TRACTED | | LCOHOL MAI | | CONDITION | STATUS | | | E : | STATUS | TYPE | RESUL | SELECT UP TO 4 | |
| 4 | | | | | | THER DRUG | | 1 | 1 | 1 | | | 1 | 1 | | | |
| UNIT# | NAME: LAST, F | FIRST, MIDDLE | | | | | | | | ı | DATE OF BI | RTH | | | AGE | GENDER | |
| 0 2 | | RUSSELL, PATRICIA | ANN | | | | | | 0 2 | _/ _1 | 1 0 / | 1 9 | 3 | 9_ _ | 8 4 | F | |
| Ħ | : STREET, CITY, ST | | | | | | | | CONTA | CT PHO | ONE - INCLUD | E AREA CO | IDE | | | | |
| 545 KE | | N DR HEATH, OH 430 EMS AGENCY (NAME) | 156 | INJUBED | TAKENTO | . MEDICAL FACILITY | /NAME OF TO | SAFETY EQUIPMENT | | | CEATING | DOCITION | L AID DA | CHEVEL | FIFETION | TRADDED | |
| NJORIES | TAKEN BY | EMS AGENCT (NAME) | | | | | USED 0 4 | DOT-COMPLIANT SEATING POSITION OF THE PROPERTY | | | | | | | 1 1 | | |
| OL STATE | OPERATOR L | ICENSE NUMBER | | OFFEN | OFFENSE CHARGED LOCAL | | OFFENSE DESC | RIPTION | | | | CITA | TION N | UMBER | | | |
| E O H | | | | | | CODE | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | | UER Tracted | ALC | OHOL / DRUG SUSPI | ECTED | CONDITION | STATUS | | OL TEST VALU | F I | STATUS | DRU | G TEST(S | SELECT UP TO 4 | |
| | SELECT OF 10 2 | | BY | _ | = | | RIJUANA | 1 | 1 | .1 | VALO | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | 1 | 1 | , KESOE | 322201 07 10 4 | |
| LIMIT # | NAME LAST | FUNDE MARRIE | | 1 | 0 | THER DRUG | | | بـــٰـــٰ | | DATE OF BI | LLI L | _ | Ļ | | GENDER | |
| 0 3 | UNIT # NAME: LAST, FIRST, MIDDLE 0 3 PETTTER CANDRAC | | | | | | | | 0 6 | | 2 8 / | | 4 | 6 | AGE 7 .6 . | F | |
| | 0_3 REITTER, SANDRA S ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | 1- | ONE - INCLUD | | | | 7 0 | <u> </u> | |
| 637 LA | NCASTER A | AV THORNVILLE, OH | 43076 | | | | | | | | | | | | | | |
| 0 | INJURED | EMS AGENCY (NAME) | | INJURED | TAKEN TO | : MEDICAL FACILITY | (NAME, CITY) | | | -Comple | SEATING | POSITION | AIR BA | G USAGE | EJECTION | TRAPPED | |
| 5 | TAKEN BY | | | | | | | USED 0 4 | DOT-COMPLIANT O 1 | | | 1 | | 1 | _1 | | |
| OL STATE | OPERATOR LICENSE NUMBER OFFENSE CHAR | | | RGED | LOCAL CODE | | | | CIT | | | TATION NUMBER | | | | | |
| E O H | | | | 333.0 | | | X | 333.03 | | | | | 214889 | | | | |
| ≥ OL CLASS | SELECT UP TO 2 | RESTRICTION SELECT | | VER Tracted | | DHOL / DRUG SUSPI LCOHOL MAI | ECTED RIJUANA | CONDITION | STATUS | | OL TEST VALU | E ! | STATUS | | G TEST(S RESULT | SELECT UP TO 4 | |
| 4 | | | | 8 | | THER DRUG | | 1 1 | 1 , | 1 |]• | | 1 | 1 | | | |
| | JRIES | SEATING POSITION | | IR BAG | | OL CLAS | s | OL RESTRIC | | account passesses | RIVER DIS | | ION | | TEST STA | TUS | |
| 1 - FATAL 2 - SUSPECTED | SERIOUS INJURY | 1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEP 2 - DEPLOYE | | | 1 - ALCOHOL INTER 2 - CDL INTRASTAT | | | 1 - NOT DISTRACTED 2 - MANUALLY OPERATING | | AN | 1 - NONE GIVEN N 2 - TEST REFUSED | | | | | |
| | MINOR INJURY | y 2 - FRONT - MIDDLE 3 - DEPLOYE | | ED SIDE 3 - CLASS C | | | 3 - CORRECTIVE LE | 3 - CORRECTIVE LENSES | | | ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, | | | | | | |
| 4 - POSSIBLE IN 5 - NO APPAREN | | 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE | 4 - DEPLOYE 5 - NOT APP | ED BOTH FRONT / SIDE 4 - REGULAR CLASS LICABLE (OHIO = D) | | | 4 - FARM WAIVER 5 - EXCEPT CLASS | 3. | DIALING) 3-TALKING ON HANDS-FREE | | | 4 - TEST GIVEN, RESULTS KNOWN | | | | | |
| | (MOTORCYCLE PASSENGER) 9 - DEPLOYMENT UNK | | | | OWN | F MIC MODED ONLY | | | | A COMMUNICATION DEV | | | ICE 5-TEST GIVEN, RESULTS | | | | |
| 1 - NOT TRANSF | NSPORTED 6-SECOND-RIGHT SIDE 5-NO VALID OF A CLASS B | | | | | | 7 - EXCEPT TRACTO | R-TRAILER | | -TALKING ON F COMMUNICAT | | | ALC | OHOL TE | ST TYPE | | |
| /TREATED A 2 - EMS | T SCENE | 7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR) | 1 - NOT EJE | IECTION CTED | | OL ENDORSE | MENT | 8 - INTERMEDIATE RESTRICTIONS | LICENSE | 5- | - OTHER ACTIV ELECTRONIC | | AN | 1 - NON | NE | | |
| 3 - POLICE | POLICE 8 - THIRD - MIDDLE 2 - PARTIALLY EJECTED | | |) | M - MOTORCYCLE 9 - LEARNER'S PE | | | RMIT 6 - PASSENGER | | | | 2 - BLOOD 3 - URINE | | | | | |
| 9 - OTHER / UNI | 10 - SLEEPER SECTION 4 - NOT APPLICA | | | EJECTED F - FASSENGER | | | 10 - LIMITED TO DAY | TO DAYLIGHT ONLY INSIDE THE VEHICLE | | | | 4 - BREATH | | | | | |
| | SAFETY EQUIPMENT OF TRUCK CAB 1 - NONE USED 11 - PASSENGER IN OTHER TRAPPED | | | | Q - MOTOR SCOOTER 11 - LIMITED TO EM | | | THE VEHICLE | | | | DUTSIDE 5-OTHER | | | | | |
| | 2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAPPED | | | | S - SCHOOL BUS 13 - MECHANICAL D | | | EVICES | 9. | - OTHER / UNKI | UNKNOWN | | | RUG TEST | TYPE | | |
| | 3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHAN | | ATED BY T - DOUBLE & TRIPLE TRAILERS | | | (SPECIAL BRAK CONTROLS, OR O | THER CONDITION | | | | 1 - NONE 2 - BLOOD | | | | | | |
| 5 - CHILD REST | 5 - CHILD RESTRAINT SYSTEM — CARGO AREA 3 - FREED | | 3 - FREED B | X - TANKER / HA7MAT | | | ADAPTIVE DEVI | 1 70 TANCETTE TOTAL | | | | 3 - URINE 4 - OTHER | | | | | |
| | 6-CHILD RESTRAINT SYSTEM 14-RIDING ON VEHICLE EXTERIOR | | | 15- | | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 3 - | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | | | DRUG TEST RESULT(S) | | | | |
| REAR FACIN | REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST | | | | | | 16 - OUTSIDE MIRROR | | | 4- ILLNESS | | | 1-AMPHETAMINES | | | | |
| | 8 - HELMET USED 99 - OTHER / UNKNOWN | | | | | | 17 - PROSTHETIC AID 18 - OTHER | | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | | 2 - BARBITURATES | | | | |
| | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | 18- | | | 10 - OTHER | | 6- | 6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS | | | 3 - BENZODIAZEPINES 4 - CANNABINOIDS | | | |
| 10 - REFLECTIVE | E CLOTHING | | | | | | | | | | /ALCOHOL | | | 5 - 000 | | .0 | |
| 11 - LIGHTING - / BICYCLE 0 | | | | | | | | | | 9- | OTHER / UNKN | IUWN | | 6 - 0PI 7 - 0TH | ATES / OPIOIO IER | 19 | |
| 99 - OTHER / UNI | KNOWN | | | | | | | | | | | | | 8 - NE | SATIVE RESU | LTS | |