OF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER*										
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION								2023-00003589											
SECONDARY CRASH	OTHER PROPERTY	REPORTING AGENCY NAME*  Heath PD  0 4 5 0 7							HIT/SKIP										
COUNTY* LOCALITY*		04507					2 - UNSOL Crash dat	99 - UNKNOWN SH SEVERITY											
4 5 1 1 2-VILLAGE HEATH											04012023, 0253, 5 . 1- FATAL								
DOUTE TYPE CONTROLLED AND MARKET								ROAD TYPE		LATITUD		2 -	☐ 2 - SERIOUS INJURY SUSPECTED						
8 KOOTE TYPE ROUTE NO	1 3	3 - EAST 4 - WEST	THORNWOOD						4,0	MINOR INJURY SUSPECTED									
ROUTE TYPE ROUTE NU		1 - NORTH 2 - SOUTH	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD T						5 DD0D5DTV D4										
2			- 8 4 7 9 5 1 5- PROPERTY DAM																
REFERENCE POINT 1 - INTERSECTION	AL - ALLEY	ROAD TY		D - ROAD	П	MATTILINI I		ERSECTION											
3 2 - MILE POST 3 - HOUSE #	2 - MILE POST 2 - SOUTH US - FEDERAL US ROUTE AV - AVENUE LA - LANE SQ								WITHIN INTERSECTION OR ON APPROACH										
DISTANCE	4 - WEST SR - STATE ROUTE CR - CIRCLE OV - OVAL TE - TERRAL									WITHIN INTERCHANGE AREA NUMBER OF APPROACHES  ROADWAY									
FROM REFERENCE	FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY									_									
.0	O 2 2-FEET ROUTE HE - HEIGHTS PL - PLACE										ROADWAY DIVIDED								
LOCATION 1 - ON ROADWA	N OF FIRST HARM	<b>MFUL EVEN</b> CROSSOVER		1	ANNER OF CRASI			T	DIREC	TION OF TR	-1000742000	7	MEDIAN	C50-50-50 No.54					
0 2 2 - ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS 1 BETWEEN 5 - BACKING									200	1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)									
3 - IN MEDIAN 11-RAILWAY GRADE CROSSING VEHICLES IN 6-ANGLE 4 - ON ROADSIDE 12-SHARED USE PATHS OR TRANSPORT 7-SIDESWIPE, SAME DI										3 - EAST 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)									
5 - ON GORE TRAILS 2 - REAR-END 8 - SIDESWIPE, OPPOSITE DIRECTION 6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN												4 - [	- DIVIDED, DEPRESSED MEDIAN - DIVIDED, RAISED MEDIAN						
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER/UNKNOWN (ANY TYPE) 9 - OTHER/UNKNOWN													1100						
WORK ZONE RELAT	TED		WORK ZONE 1	YPE	LOCATIO	N OF CRAS	H IN WO	RK ZONE	С	ONTOUR		CONDITI	ONS	SURFACE					
WORKERS PRESEN	IT		LANE CLOSURE LANE SHIFT/CR		1.	BEFORE T WARNING		VORK ZONE	2 2 2										
LAW ENFORCEMEN	NT PRESENT	3-	WORK ON SHOU OR MEDIAN		3 86 CC	ADVANCE TRANSITION		G AREA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP,										
4 - INTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA 5 - OTHER 5 - TERMINATION AREA								. Δ	3 - CURVE LEVEL 3 - SNOW ASPHALT										
			I	JAIE A		, cimino	TON TINE		4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK										
LIGHT CONDITION WEATHER  1 - DAYLIGHT 1 - CLEAR 6 - SNOW									9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL, STONE										
3 2 - DAWN/DUSK 7 - SEVER 3 - DARK – LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOW								SNOW				WATER (STA MOVING)	, 3-DIKI						
4 - DARK — ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR F 5 - DARK — UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN								NG DRIZZLE				SLUSH OTHER/UNK	NOM/N	9 - OTHER/UNKNOWN					
9-OTHER/UNK				0.000000000000000000000000000000000000	A000 00010 Available	TO POPULATION OF THE PROPERTY					9-	OTHERVONK	INCAAN						
NARRATIVE		. Th	ad D					1 1	.l.	1 1	1.	1 1	N	Indicate the north direction with					
U1 was north electronic dev						-							4	an "N" on the compass diagram.					
caused U1 to				_		_		Evaluation	Eval	D ™ - Evaluation E	dition			-					
side of vehicle						Evaluation		ation Edition	n Edition			Eyaluation Edition	Evaluation Edition						
						_	Evalua	Evaluation	Eval n Edition	luation Edition	Edition	- Suddion Collon		_					
						Evaluation			To Scale	ava ava	ation Edition	Evaluation Edition	Evaluation Edition						
						Evaluation		Evaluation ation Edition	్గ్ Eval n Edition దీ	luation Edition									
								Evaluation	Thomasood	Eva	luation Edition	Evaluation Edition	Evaluation Edition						
Evaluation Ed Evaluation Ed Evaluation Edition													Evaluation Edition						
Evaluation Edition  Valuation Edition  Evaluation Edition  Evaluation Edition																			
Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition																			
						Evaluation		Evaluation ation Edition	Eval n Edition	luation Edition	Euliön								
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME									_	ncite (877) 908-477	_	<u> </u>	REPORT TAKEN BY						
0 4 0 1 2 0 2 3		1			0401	RIVAL DATE 2		3 2 4 0					N/I	POLICE AGENCY					
TOTAL TIME	OTHER	TOTA	L OFFICE	R'S NAME*			Сн	ECKED BY OFFI				171.171	$\dashv$ $\Box$	MOTORIST					
ROADWAY CLOSED INVI	ESTIGATION TIMI	E MINUT	ES Blac		DADOF MINTE	*	H	unt			CE NUIT	IDED*		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
	1 1		0	7 -	BADGE NUMBER	4 3		D CHECKED	BT UFF1	CER'S BAD	3 L			THE PERSONAL PROPERTY OF STREET IN SUPPRISON					

OHIO DEI OF PUBLI SAFETY - SERV	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST  MET - SERVICE - MOTORIST / NON-MOTORIST									2 0 2 3 - 0 0 0 0 3 5 8 9										
UNIT #											D	ATE OF E	BIRTH			AGE	GENDER			
0 1	HARLESS, TRAVIS NEIL S: STREET, CITY, STATE, ZIP										0 5 / 1 1 / 1 9 8 8 3 4 M									
2	636 FULLA LN HEATH, OH 43056																			
	TAKEN					IJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED					Γ-COMPLIA HELME	NT	IG POSITIO		USAGE	EJECTION	TRAPPED			
OL STATE	TE OPERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL O				O 4			T 0	1	4	CITATION NUMBER					
INJURIES  O STATE  O H				CODE																
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	VER ALCOHOL / DRUG SUSPECTED TRACTED ALCOHOL MARIJUANA			CON	IDITION	STATUS		OHOL TEST PE VALUE STATU			DRUG TEST(S) IS TYPE RESULT SELECT UP TO							
_1			5 OTHER DRUG				1	L	1	1	• ـ		1	1	اللا					
UNIT#	NAME: LAST, F	FIRST, MIDDLE									D	ATE OF E	BIRTH			AGE	GENDER			
ADDRESS:	STREET, CITY, ST	ATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE									
OTORI												L				I				
ADDRESS:	ES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) S.					EQUIPMENT		T-COMPLIA HELME	NT	IG POSITIO	N AIR BAG	USAGE	EJECTION	TRAPPED			
OL STATE				OFFENSE CHARGED LOCAL				OFFE	NSE DESC	RIPTION	l				CITATION NUMBER					
						CODE					ALCOHOL TEST				DRUG TEST(S)					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPECTED  _COHOL			CONDITION	STATUS	TYPE	VAL	UE	STATUS	TYPE		SELECT UP TO 4			
LINIT #	T # NAME, LACT FIRST MIDDLE				OTHER DRUG							DATE OF BIRTH			<u> </u>	AGE	GENDER			
ONII #	UNIT # NAME: LAST, FIRST, MIDDLE									GENERAL STATES										
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
ADDRESS:	INJURED	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	(NAME CITY)	SAFETY	EQUIPMENT			SEATIN	IG POSITIO	N AIR BAG	IISAGE	EJECTION	TRAPPED			
	TAKEN BY	AKEN			USED						DOT-COMPLIANT MC HELMET									
OL STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHARGED LOCAL CODE			OFFE	NSE DESC	RIPTION	I	•		CITATION NUMBER								
OL CLASS	S ENDORSEMENT RESTRICTION SELECT UP TO 2			DISTRACTED AL		OHOL / DRUG SUSPECTED  LCOHOL MARIJUANA  THER DRUG		CONDITION	IDITION	STATUS		OHOL TEST 'PE VALUE S		DRU STATUS TYP		TEST(S)	SELECT UP TO 4			
		201 0 P 10 2								VALUE VALUE										
INJU	IRIES	SEATING POSITION	A	AIR BAG		OL CLAS	S	0 L	RESTRIC	TION(S)	D	RIVER D	ISTRACT	TION	Ţ	EST STA	TUS			
1 - FATAL	TAL 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED 2 - DEPLOYED FRONT			1 - CLASS A 2 - CLASS B	1 - ALCOHOL INTERLOCK D 2 - CDL INTRASTATE ONLY							1 - NONE GIVEN AN 2 - TEST REFUSED						
3 - SUSPECTED		2 - FRONT - MIDDLE	ED SIDE 3 - CLASS C					3 - CORRECTIVE LENSES			ELECTRONI	C COMMUN	ICATION	ATION 3 - TEST GIVEN, CONTAMINATED						
4 - POSSIBLE IN	NJURY	3 - FRONT - RIGHT SIDE	4 - DEPLOY	ED BOTH FRONT / SIDE		4 - REGULAR CLASS	4 - FA	RM WAIVER			DEVICE (TEXTING, TYPII DIALING)			SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN						
5 - NO APPAREN	5 - NO APPARENT INJURY  4 - SECOND – LEFT SIDE (MOTORCYCLE PASSEN		5 - NOT APPLICABLE			(OHIO = D) 5 - M/C MOPED ONLY		CEPT CLASS			3 - TALKING ON HANDS-FRE COMMUNICATION DEVIC			E TEST STUTY DESCUITS						
INJURED	INJURED TAKEN BY 5- SECOND - MIDDLE		9 - DEPLOYMENT UNKNOWN 6 - NO VALID (				6 - EXCEPT CLASS & CLASS B BUS					- TALKING ON HAND-HELD			UNKNOWN					
	NOT TRANSPORTED 6 - SECOND - RIGHT SIDE /TREATED AT SCENE 7 - THIRD - LEFT SIDE		EJECTION OL ENDORSEMENT						CEPT TRACTO		LICENSE 5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE				ALCOHOL TEST TYPE					
2 - EMS	2 - EMS (MOTORCYCLE SIDE CAR)		1 - NOT EJE		H - HAZMAT	0 - INTERWILDIATE				CE 1-NONE										
3 - POLICE	O TUIDD DICUTCIDE			LY EJECTED		M - MOTORCYCLE	DECEDICATIONS							2 - BLOOD 3 - URINE						
9 - OTHER / UNK	10 - SLEEPER SECTION		3 - TOTALLY EJECTED 4 - NOT APPLICABLE			P - PASSENGER N - TANKER			MITED TO DAY	'LIGHT ONL'	7 - OTHER DISTRACTION INSIDE THE VEHICLE			4 - BREATH						
SAFETY E 1 - NONE USED	SAFETY EQUIPMENT  1- NONF USED  0- FRUCK CAB  11 - PASSENGER IN OTHER			Q - MOTOR SCOOTER					11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER			8 - OTHER DISTRACTION OUT THE VEHICLE								
2 - SHOULDER E	2 - SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 3 - LAP BELT ONLY USED PICK-UP WITH CAP)		1 - NOT TRAPPED 2 - EXTRICATED BY			S - SCHOOL BUS			13 - MECHANICAL DE (SPECIAL BRAKE		VICES 9-OTHER/UNK				DRUG TEST TYPE 1-NONE					
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		MECHANICAL MEANS			T - DOUBLE & TRIPLE X - TANKER / HAZMAT		CONTROLS, OR O' ADAPTIVE DEVIC		1 -	CONDITION  1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE						
	5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 13 - TRAILING UNIT		3 - FREED BY NON-MECHANICAL MEANS			_	14 - MI	LITARY VEHI	CLES ONLY		2 - PHYSICAL IMPAIRMENT			4 - OTHER						
6 - CHILD REST	6 - CHILD RESTRAINT SYSTEM _ 14 - RIDING ON VEHICLE EXTERIOR		}				15 - MOTOR VEHICLE AIR BRAKES		S WITHOUT		3 - EMOTIONAL (E.G., DEPRES ANGRY, DISTURBED)			DRUG TEST RESULT(S)						
	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST							TSIDE MIRRO	R		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							10-01	HER		6- UNDER THE INFLUENCE				3 - BENZODIAZEPINES 4 - CANNABINOIDS					
	(ELBOW, KNEES, ETC.) 0 - REFLECTIVE CLOTHING									OF MEDICATIONS / DR / ALCOHOL			65	5 - COCAINE						
	11 - LIGHTING – PEDESTRIAN / BICYCLE ONLY										9-1	THER / UNI	KNOWN			ES / OPIOID	\$			
	7 BICYCLE UNLY 99 - OTHER / UNKNOWN															7 - OTHER 8 - NEGATIVE RESULTS				