OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES MA	ANDATORY FIELD FOR SUPPLE	MENT REPORT	2023-	OCAL REPORT NUMBER					
PHOTOS TAKEN 0H-2 10H-3 OH-3 OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR				
SECONDARY CRASH PRIVATE PROPERTY	Heath PD	0	4507	1 - SOLVED LJ 2 - UNSOLVED	020	1 98 - ANIMAL 1 99 - UNKNOWN				
COUNTY* LOCALITY* 1-CITY 4 5 1 2-VILLAGE HEATH	CRASH DATE / TIME* CRASH SEVERITY  0.40.12.0.2.3. 1531 5									
3-TOWNSHIP	LOCATION ROAD NAME	ROAD TYPE	04012023 1531 5 2 - SERIOUS INJURY SUSPECTED							
S R 79 2-SOUTH 3-EAST	HEBRON		R D	(\$1000) \$1000 V.\$50000 V.\$50000	0 3 0 1 6 6 3-MINOR INJURY SUSPECTED					
	REFERENCE ROAD NAME (ROAD,	, MILEPOST, HOUSE #)	ROAD TYPE	•	LONGITUDE DECIMAL DEGREES 4 - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	781			- 8 44	0 0 4	PROPERTY DAMAGE				
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATED					
1-INTERSECTION 1-NORTH IR -		ALLEY HW - HIGHWAY / - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPROA	C.H				
3- HOUSE #   3- EASI	STATE ROUTE	- BOULEVARD MP - MILEPOST	ST - STREET	WITHIN INTE	RCHANGE AREA NUM	BER OF APPROACHES				
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT	R - CIRCLE OV - OVAL COURT PK - PARKWAY	TE - TERRACE TL - TRAIL	ROADWAY						
1 - MILES TR-	ROUTE	R - DRIVE PI - PIKE E - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVEN		NNER OF CRASH COLLISION/IMF	PACT	DIRECTION OF TRAVE	L MEDIAI	N TYPE				
1 - ON ROADWAY 9 - CROSSOVER  1 - ON SHOULDER 10 - DRIVEWAY.	BET	COLLISION 4-REAR-TO-REAR TWEEN 5-BACKING	3	1 - NORTH	NO.	LUSH MEDIAN				
3 - IN MEDIAN 11 - RAILWAY G	RADE CROSSING VEH	O MOTOR HICLES IN 6-ANGLE		2 - SOUTH 3 - EAST	2 - DIVIDED F	LUSH MEDIAN				
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS	2 - REA	ANSPORT 7 - SIDESWIPE, SA AR-END 8 - SIDESWIPE, OF		4 - WEST		DEPRESSED MEDIAN				
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 7 - ON RAMP 14 - TOLL BOOT	2.1165	AD-ON 9-OTHER/UNKN	OWN		(ANY TYPE					
8-OFF RAMP 99-OTHER/UN	IKNOWN				9 - OTHER/UN	KNOWN				
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN V 1 - BEFORE THE 1S		CONTOUR	CONDITIONS	SURFACE				
WORKERS PRESENT 2 -	LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARN		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRET						
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3-TRANSITION AR		2 - STRAIGHT GRADE	2 - BLACKTOP,					
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION A	REA	3 - CURVE LEVEL	BITUMINOUS, ASPHALT					
LIGHT CONDITION	WEATH	IER	00000	4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,				
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		, , , , , , , , , , , , , , , , , , , ,	OIL, GRAVEL STONE					
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	E 250	7 - SEVERE CROSSWINDS E 8 - BLOWING SAND, SOIL, DIF			MOVING)	5 - DIRT 9 - OTHER/UNKNOWN				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREE 99 - OTHER / UNKNOWN	ZING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	) - OTHER ONKNOWN				
9 - OTHER/ UNKNOWN					, conclusions					
NARRATIVE  Unit 1 was pulling out of 781	Hohron Dd to tur	n loft				Indicate the north direction with				
onto SR 79. Unit 2 was trave						an "N" on the compass diagram.				
left hand lane. Unit 1 procee	-	1	Evaluation	ScenePD ™ - Evaluation Edition  Evaluation Edition						
Unit 2 resulting in Unit 2 stice	king Unit 1. Unit 1	failed - Evaluation Edition	Evaluation Edition	Edition	Evaluation Edition					
to yield to Unit 2.			781 Hebron valuation	Evaluation Edition	Edition					
		Evaluation Edition		Evaluation	Evaluation Edition					
		Evaluation Edition	Evaluation Edition Evaluation	Edition Evaluation Edition						
				E aluation Edition	Evaluation Edition Edition					
		Evaluation Emilion	Evaluation Edition	Fire t	SR79  Evaluation Edition					
			Evalyator	Evaluation Edition Evaluation	Evaluation Edition					
		Evaluation Edition	everyonion Edition	///	Evaluation Edition					
		Evaluation Edition	Evaluation Edition	Evaluation Edition	Not To Scale	-				
ODACH DEDOCTED DATE (TV-	DICPATCH DATE (TILL	<u> </u>	<del> </del>	Trancite (877) 908-4777	DATE / TIME =	EDODT TAKEN SY				
Sought State of State of Supplementary and State of State	12023 1531	04012023		4012023	- North Control of the Control of th	EPORT TAKEN BY POLICE AGENCY				
TOTAL TIME OTHER TOTA			CHECKED BY OFFI			MOTORIST				
ROADWAY CLOSED INVESTIGATION TIME MINUT	Kiseri		Hunt			SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				
2 0 7 5	O 7 -	ADGE NUMBER* 1 5 3	O 7	or officer's badge n	3 0	100 Me ENSTING REPURI SENT TO UDPS)				

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

3

0F **5** 

OHIO DEF OF PUBLI SAFETY - SERVE	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2	2 0 2 3 - 0 0 0 0 3 6 1 4									
UNIT #									DATE OF BIRTH AGE GENDER								
0 1	SHANER, LAYTON JEREMIAH								0 2 / 2 1 / 2 0 0 7 1 6 M								
2	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE								
INJURIES		CE AVE NEWARK, OH 43055  INJURED   EMS AGENCY (NAME)   INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   SAFETY EQUIPMEN							PMENT	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
NON 5	TAKEN BY						,,,,,,,	USED	4		COMPLIA	NT	3		1	1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAF	RGED	LOCAL	OFFENSE	DESCRI	IPTION			CITA	ATION N	UMBER		
INJURIES  OL STATE  O H				331.2	CODE			331.22				N2	N214634				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALCOHOL / DRUG SUSPECTED CONDITION			ON S	ALCOHOL TEST STATUS TYPE VALUE			I STATUS	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
. 4	32220101102		BY	1	=	LCOHOL   MAF THER DRUG	RIJUANA	1		1	.1 .	***************************************	1	1		. 02220101104	
UNIT #	NAME: LAST, F	FIRST, MIDDLE			<u> </u>	THER BROW						ATE OF BIRTH	<u> </u>		AGE	GENDER	
0 2	BLAIN, ALEXANDER FREDERICK									1 ,1	/ 2	8 / 1	9 9	4   2	2 8	, м	
ADDRESS:	STREET, CITY, ST.	ATE, ZIP							-	CONTACT PHONE - INCLUDE AREA CODE							
701 VII	NE ST MOU	JNT VERNON, OH 43	050														
ADDRESS: 701 VII NOW INJURIES 0L STATE 0 H	TAKEN	EMS AGENCY (NAME)		INJURED						COMPLIANT SEATING POSITION		The state of	AG USAGE	EJECTION	TRAPPED		
5 OL STATE	BY	TOENCE NUMBER						4 L	MC HELMET 0 1				CITATION NUMBER				
OL STATE	UPERATUR L	ICENSE NUMBER			OFFENSE CHARGED LOCAL CODE 4510.16			OFFENSE DESCRIPTION  DUS							N215859		
OL CLASS	ENDORSEMENT	ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIV							CONDITION			OHOL TEST			DRUG TEST(S)		
4	SELECT UP TO 2		BA DIS.	TRACTED	=		RIJUANA	1		<b>1</b>	TYPE	VALUE	STATUS 1	TYPE 1	RESULI	SELECT UP TO 4	
				1 OTHER DRUG					DATE OF BIRTH						LCENDED		
UNIT #	NAME: LASI, F	-IKST, MIDDLE								DATE OF BIRTH					AGE	GENDER	
ADDRESS:	STREET, CITY, ST.	ATE, ZIP				CONTACT PHONE - INCLUDE A			NE - INCLUDE ARE	A CODE	A CODE						
ADDRESS:	GUI								SOLITON TO THE PROPERTY OF THE								
NJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		PMENT	— DOT.	-COMPLIANT SEATING POSITION A		TION AIR B	AG USAGE	EJECTION	TRAPPED	
	TAKEN BY						USED	MC HE									
OL CLASS	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFENSE DESCRIPT		ALCOHOL TEST		CITA	ATION N	JMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRI	VER ALCOHOL / DRUG SUSPECTED							DRUG TEST(S)						
	SELECT UP TO 2		BY DIS	TRACTED	ALCOHOL MARIJUA					STATUS TYPE VALUE		STATUS	STATUS TYPE RESULT SELECT UP TO				
					0	THER DRUG						• 💷	J	J L			
INJU 1 - FATAL	IRIES	SEATING POSITION  1-FRONT-LEFT SIDE	1 - NOT DEP	LOYED		OL CLASS 1-CLASS A	5	OL RES 1-ALCOHOL			Sand bases	RIVER DISTRA NOT DISTRACTED	CTION	a laconomica de la companya de la co	T <b>EST STA</b> E GIVEN	TUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	MIDDLE 2- DEPLOTE					2 - CDL INTRASTATE ONLY			2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATIO		2 - TEST REFUSED				
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LENSES 4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
5 - NO APPAREN		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER) 5 - NOT APPLIC			LICABLE (OHIO = D)			5 - EXCEPT CLASS A BUS			3-	3 - TALKING ON HANDS-FREE		4 - TEST GIVEN, RESULTS KNOWN			
INJURED	INJURED TAKEN BY  5 - SECOND - MIDDLE		9 - DEPLOY	DYMENT UNKNOWN 5 - M/C MOPED ONLY 6 - NO VALID OL				6 - EXCEPT CLASS A & CLASS B BUS			COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD		5 - TEST GIVEN, RESULTS UNKNOWN				
	1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE /TREATED AT SCENE 7 - THIRD - LEFT SIDE			E LEGITION OF ENDODGEMENT				7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE			COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN		ALCOHOL TEST TYPE				
2 - EMS	1 JULIAL	(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT	·	8 - INTERME RESTRIC		CENSE		ELECTRONIC DEVI		1 - NON			
3 - PULICE		8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE	2 - PARTIALLY EJECTED			M - MOTORCYCLE 9 - LEARNER'S PE P - PASSENGER RESTRICTIONS							1N	2 - BLOOD 3 - URINE			
	10 - SLEEPER SECTION		3 - TOTALLY EJECTED 4 - NOT APPLICABLE			N - TANKER 10 - LIMITED TO DA			YLIGHT ONLY INSIDE THE VEHICL		Æ						
1 - NONE USED	1 - NONF USED 11 - PASSENGER IN OTHER			RAPPED	Q - MOTOR SCOOTER 11 - LIMITED TO EN  PPED R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH					OTHER THE VEHICLE 9 - OTHER / UNKNOWN							
	ENCLOSED CARGO AREA 2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 3 - LAP BELT ONLY USED PICK-UP WITH CAP)			-NOTTRAPPED S-SCHOOL BUS 13-MECHANI									DRUG TEST TYPE 1-NONE				
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED		12 - PASSENGER IN UNENCLOSED	UNENCLOSED MECHANICAL MEANS			T - DOUBLE &TRIPLETRAILERS CONTROLS, OR X - TANKER / HAZMAT ADAPTIVE DEV			S, OR OTH	THER CONDITION				2 - BLOOD			
5 - CHILD REST	RAINT SYSTEM –	CARGO AREA 13 - TRAILING UNIT	J TREED BY			14 - MILITARY VEH			Y VEHICLE	CLES ONLY 2 - PHYSICAL IMPAIRM			J OMINE				
6 - CHILD REST	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR	HICLE EXTERIOR			15 - MOTOR V AIR BRAN			RAKES			3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		DRUG TEST RESULT(S)			
REAR FACING 7 - BOOSTER SEAT		(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRROR 4- IL			4- ILLNESS			1 - AMPHETAMINES			
8 - HELMET USI		99 - OTHER / UNKNOWN					17 - PROSTHETIC AI 18 - OTHER			D 5- FELL ASLEEP, FAINTEI FATIGUED, ETC.			IED,	3 - BENZODIAZEPINES E 4 - CANNABINOIDS			
9 - PROTECTIVE (ELBOW, KNE							10-OTHER			6- UNDER THE INFLUE OF MEDICATIONS / I							
	10 - REFLECTIVE CLOTHING 11 - LIGHTING – PEDESTRIAN											ALCOHOL OTHER / UNKNOWN		5 - COCAINE 6 - OPIATES / OPIOIDS			
/ BICYCLE ON	/ BICYCLE ONLY										7-0	- CHARLETTIN		7 - OTHER			
99 - OTHER / UNKNOWN														8 - NEGATIVE RESULTS			

OHIO DEPARTMENT OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM							2023		ORT NUMBER	6 1	4					
	UNIT #	NAME: LAS	T, FIRST, MIDDLE	DATE OF BIRTH AGE GENE												
ANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN									1 1	1 1						
ŏ	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIAN MC HELMET		AIR BAG USAGE	EJECTION	TRAPPED				
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE		I.			DA	TE OF BIRTH		AGE	GENDER				
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE											
ŏ	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	DOT-COMPLIAN MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE								
PAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
OCCUPAN	**********		I =			,				I = n = n = n						
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIAN MC HELMET		AIR BAG USAGE	EJECTION	TRAPPED				
i	UNIT #	NAME: LAS	T, FIRST, MIDDLE					D.A	TE OF BIRTH		AGE	GENDER				
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
9							CAPETY FOUTDMENT		CEATING DOCUTION	LAID DAG HCAGE	FIFOTION	TDADDED				
ı	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILY	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIAN MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	IRAPPED				
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE					
	1 - FATA	AL		1 - NONE US			T – LEFT SIDE ORCYCLE DRIV	ED)	1 - NOT DE	PLOYED						
	2 - SUSPECTED SERIOUS INJURY				OCCUPANT ER BELT ONLY USED	EK)	YED FRONT									
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - CHILD RE INJURED TAKEN BY 3 - LAP BELT 4 - SHOULDE 5 - CHILD RE FORWARD								3 - DEPLOYED SIDE								
					ER & LAP BELT USED		ND – LEFT SIDI ORCYCLE PASS			4 - DEPLOYED BOTH FRONT/SIDE						
					ESTRAINT SYSTEM -		ND - MIDDLE	<b>\</b> F	5 - NOT APPLICABLE							
					ESTRAINT SYSTEM –		ND – RIGHT SII D – LEFT SIDE	JE.	9 - DEPLO	9 - DEPLOYMENT UNKNOV						
/TREATED AT SCENE REAR FA						ORCYCLE SIDE D – MIDDLE										
2 - EMS 7 - B00STER 3 - POLICE 8 - HELMET					9 - THIRD - RIGHT SIDE											
					TVE PADS USED		PER SECTION ( ENGER IN OTH		RUCK CAB							
					KNEES, ETC.)	CARG	O AREA (NON-TE	RAILING UNIT,		4 - NOT APPLICABLE						
	10 - REFLECTIVE CLOTHING BUS, PICK-UP WITH ( 11 - LIGHTING — PEDESTRIAN 12 - PASSENGER IN UR						ENGER IN UNE									
	/ BICYCLE ONLY 13 - TRAILING UNIT							1 - NOT TRAPPED								
							NG ON VEHICLE	ICLE EXTERIOR 2 - EXTRICATED BY MECHANICAL MEANS								
						15 - NON-	MOTORIST R/UNKNOWN		3 - FREED MEANS	BY NON-ME	CHANIC	AL				
,	NAME: LAS	ST, FIRST, MIDD	LE					D.A	TE OF BIRTH		AGE	GENDER				
WITNESS	Giglio,								2 / 2 0		2   2	F				
Μ	ADDRESS: STREET, CITY, STATE, ZIP 604 6th ST Apt 1A Hebron, OH 43025								CONTACT PHONE - INCLUDE AREA CODE							
8	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER								
WITNESS								0 3 / 0 9 / 1 9 8 2 4 1 F								
W	15 WIWOOU AVE Newalk, OH 43033															
NAME: LAST, FIRST, MIDDLE  Harris, Bradley  ADDRESS: STREET, CITY, STATE, ZIP  15 William and AVE November OH 43055								0 8 / 1	TE OF BIRTH		AGE GENDER M					
MIT	ADDRESS: STREET, CITY, STATE, ZIP  15 Wilwood AVE Newark, OH 43055								ICT PHONE - INCLUDE AREA CODE							