OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES MA	NDATORY FIELD FOR SUPPLEME	NT REPORT	2023-	OCAL REPORT NUMBER							
PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR											
SECONDARY CRASH X PRIVATE PROPERT			NCIC*	2 1 - SOLVED 2 2 - UNSOLVED	98 - ANIMAL 99 - UNKNOWN							
COUNTY* LOCALITY* LOCATION:		CRASH DATE / TIME* CRASH SEVERITY 1. FATAL										
4 5 1 2 - VILLAGE HEAT		04042023, 1710, 2 - SERIOUS INJURY										
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTI 2 - SOUTH 3 - EAST 4 - WFST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES SUSPECTED 3. MINOR INJURY								
	HEBRON		RD	4,0,037	303	SUSPECTED						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTI 2 - SOUTH 3 - EAST 4 - WEST	1	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE		- INJURY POSSIBLE - PROPERTY DAMAGE						
	550 HEBRON RD			- 8 4 2 9 9 3 5-PROPERTY DAMAGE ONLY								
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE 1-NORTH I	ROUTE TYPE R - INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW- HIGHWAY R	D - ROAD	INTERSECTION RELATED								
2 MILE POST 2 COLUMN	O-TEDERAL OF ROOTE	- AVENUE LA - LANE SO	WITHIN INTERSECTION OR ON APPROACH									
	R-STATE ROUTE CR		T - STREET E - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES								
FROM REFERENCE UNIT OF MEASURE	D MUMBEDED TOWNSHIP		L - TRAIL 'A - WAY	ROADWAY								
2 - FEET	ROUTE	- HEIGHTS PL - PLACE	A WAI	ROADWAY DIVIDED								
LOCATION OF FIRST HARMFUL EV		NER OF CRASH COLLISION/IMPAC	т	DIRECTION OF TRAVE	L MEDIA	N TYPE						
1 - ON ROADWAY 9 - CROSSON 0 6 2 - ON SHOULDER 10- DRIVEW	AY/ALLEY ACCESS 6 BETV	COLLISION 4-REAR-TO-REAR WEEN 5-BACKING MOTOR		1-NORTH , 2-SOUTH	1 - DIVIDED F (< 4 FEET	VIDED FLUSH MEDIAN 4 FEET)						
171 0114 1014 1014 1014 1014	GRADE CROSSING VEHI	INDION ICLES IN 6-ANGLE NSPORT 7-SIDESWIPE, SAME	DIRECTION	3 - EAST	2 - DIVIDED F (≥4 FEET	FLUSH MEDIAN						
5 - ON GORE TRAILS	2 - REAF	R-END 8-SIDESWIPE, OPPO	SITE DIRECTION	4-WEST	4 - WEST 3 - DIVIDED, DEPRESSED MED							
7 - ON RAMP 14-TOLL BO	ОТН	O-ON 9-OTHER/UNKNOW	/ N	4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN								
8 - OFF RAMP 99 - OTHER /		I										
WORK ZONE RELATED	WORK ZONE TYPE 1 - LANE CLOSURE	1 - BEFORE THE 1ST V		CONTOUR 1	CONDITIONS 1	SURFACE 2						
1 3	2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNIN	G AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE						
LAW ENFORCEMENT PRESENT	OR MEDIAN	3-TRANSITION AREA		2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP,						
	4 - INTERMITTENT OR MOVING WORK 5 - OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	:A	3 - CURVE LEVEL 3 - SNOW BITUMING ASPHALT								
LIGHT CONDITION	WEATHE	I.R		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK						
1 - DAYLIGHT 1 2 - DAWN/DUSK	1 - CLEAR	6 - SNOW			4 - SLAG, GRAVEL, STONE							
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMOKE	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	SNOW	5 - DIRT 9 - OTHER/UNKNOWN								
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTII	4 - RAIN NG 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN	NG DRIZZLE	7 - SLUSH 9 - OTHER/UNKNOWN								
9 - OTHER / UNKNOWN					3 - OTHER OWN (COVID							
NARRATIVE		. -" '				Indicate the north						
Unit two was parked in the At some point unit one cam					4	an "N" on the compass diagram.						
right rear of unit two. The		ne _		ScenePD ™ - Evaluation Edition								
witnesses, so it is unknown		Evaluation Edition	Evaluation ation Edition		Evaluation Editio							
occurred.			Evaluation	Evaluation Edition	Evaluation Edition	·						
		Evaluation Edition			Evaluation Edition	n						
			Evaluation	Evaluation Evaluation Edition	Evaluation Edition 550 Hebron Rd							
		Evaluation Edition Not To Scale	_		Evaluation Edition	n _						
		Evalu	Evaluation	Evaluation Evaluation Edition	Edition							
		Evaluation Edition		Hebron Edulation	Evaluation Edition Evaluation Edition	n						
		Evaluation Edition	Evaluation ation Edition	L Evaluation Edition Edition		-						
				Evaluation Evaluation Edition	Evaluation Edition Evaluation Edition Edition	n						
		Evaluation Edition	Evaluation ation Edition	Edition								
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	DATE/TIME F	REPORT TAKEN BY						
Supplied to the Committee of the Committ	042023 1713		7 2 2 0	4042023	NZT	THE PARTY OF THE P						
TOTAL TIME OTHER TO	TAL OFFICER'S NAME*	Сн		CER'S NAME*		MOTORIST						
ROADWAY CLOSED INVESTIGATION TIME MIN	UTES Banks		nart	y OFFICER'S BADGE N	UIMPER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)						
	O 7 -		D 7	- 1	3 8	CONTRACTOR UNITED IN PROPERTY.						

OHIO DEI OF PUBL SAFETY - SERV	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MATY-SERVICE-PROTECTION						2 0	2		OCAL RE			7 6	0			
UNIT # 0 1										DATE OF	BIRTH			AGE	GENDER		
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE										
INJURIES 5								SAFETY EQUIPMENT		T-Compl	SEAT	ING POSITION	ON AIR BA	G USAGE	EJECTION	TRAPPED	
_5	TAKEN BY							USED 9 9		HELMI		, 1	_		1	_1	
OL STATE	OPERATOR L	TOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION			CITA	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		OHOL / DRUG SUSPI Alcohol Mai	ECTED Rijuana	CONDITION	STATUS	TYPE	VA	T LUE	STATUS	TYPE	RESUL	T SELECT UP TO 4	
				9		THER DRUG		9	1	1	0.75.05	DIDTU	1	1		LOCKBER	
UNIT #	NAME: LAST, F	FIRST, MIDDLE							DATE OF BIRTH AGE GENDER								
	: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
ADDRESS:	INJURED	EMS AGENCY (NAME)		INJURED	TAKENTO	D: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEAT	ING POSITIO	ON AIR BA	G USAGE	EJECTION	TRAPPED	
Ż O Z	TAKEN BY				USED			USED	DOT-COMPLIANT MC HELMET								
OL STATE	OPERATOR L	R LICENSE NUMBER OFFEN			SE CHA	RGED	LOCAL CODE	OFFENSE DESC	RIPTIO	IPTION			CITA	CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		OHOL / DRUG SUSPI	ECTED Rijuana	CONDITION	STATUS		OL TES	LUE	STATUS	DRU TYPE	G TEST(S	T SELECT UP TO 4	
					$ \Box \circ$	THER DRUG											
UNIT #	# NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GEN							GENDER			
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONT	ACT PH	ONE - INC	LUDE AREA	CODE				
ADDRESS:	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKENTO	D: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		T-Compl	SEAT.	ING POSITION	ON AIR BA	G USAGE	EJECTION	TRAPPED	
<u> </u>	BY	CENSE NUMBER OFFENSE			SE CHA	RGED	LOCAL	OFFENSE DESC	L MC HELMET CRIPTION C			CITA	ITATION NUMBER				
OL STATE					CODE												
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED			PECTED Arijuana	CONDITION	STATUS		OL TES	LUE	STATUS	TYPE	RESUL	T SELECT UP TO 4	
INJU	JRIES	SEATING POSITION		AIR BAG	□□∘	THER DRUG OL CLAS	s	OL RESTRIC	TION(S		IRIVER	DISTRAC	TION	i	IEST STA	TUS	
1 - FATAL		1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEF	PLOYED		1 - CLASS A		1 - ALCOHOL INTER	LOCK DEVI	CE 1	- NOT DIST	RACTED		1 - NON	IE GIVEN		
3 - SUSPECTED	SERIOUS INJURY MINOR INJURY	OUS INJURY 2 - DEPLOTE						2 - CDL INTRASTAT 3 - CORRECTIVE LE	ELECTRONIC COMMI			NIC COMMU	NICATION 3 - TEST GIVEN, CONTAMINATED				
4 - POSSIBLE IN		4 SECOND LEET SIDE		D BOTH FRONT / SIDE 4 - REGULAR CLASS 4 - FARM WAIVER (OHIO = D) 5 - EVENT CLAS			DIALING)			4-TEST GIVEN RESULTS KNOWN							
	(MOTORCYCLE PASSENGER) 9 - DEPLOYMEN			IENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLASS			A COMMUNICATION DEV			/ICE 5-TEST GIVEN, RESULTS							
1 - NOTTRANSP	ORTED 6- SECOND - RIGHT SIDE 5-NO VALID UL 4-EXCEPT 1				& CLASS B BUS 7 - EXCEPT TRACTO	TOR-TRAILER COMMUNICATION DEVICE ALCOHOL TEST TYP											
/TREATED AT 2 - EMS	(MOTODOVOLE CIDE CAD)			JECTION CTED	0-INTERMEDIATE								1 - NONE				
3 - POLICE	8 - THIRD - MIDDLE 2 - PARTIALLY EJECTED		M - MOTORCYCLE 9 - LEARNER'S PER								2 - BLOOD 3 - URINE						
9 - OTHER / UNK	- OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY EJECTED 10 - SLEEPER SECTION 4 - NOT APPLICABLE				P - PASSENGER RESTRICTIONS N - TANKER 10 - LIMITED TO DAY							4 - BREATH					
SAFETY E 1 - NONE USED	TY EQUIPMENT OF TRUCK CAB Q-MOTOR SCOOTER 11-LIMIT			11 - LIMITED TO EM 12 - LIMITED - OTHE	THE VEHICLE												
	DER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAPPED S - SCHOOL BUS			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND			9 - OTHER / UNKNOWN			DRUG TEST TYPE 1 - NONE							
	- LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICAT - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHANI		ICAL MEANS T - DOUBLE & TRIPLETRAILERS CONTROLS, OR (OTHER CONDITION				2 - BL00D							
5 - CHILD REST	5 - CHILD RESTRAINT SYSTEM - CARGO AREA 3-1		3 - FREED E	BY X - TANKER / HAZMAT ECHANICAL MEANS			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY			1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT			3 - URINE 4 - OTHER				
6 - CHILD REST	- CHILD RESTRAINT SYSTEM 14 - RIDING ON VEHICLE EXTERIOR			15 - MOTOR			15 - MOTOR VEHICLE AIR BRAKES								SULT(S)		
	REAR FACING (NON-TRAILING UNIT) - BOOSTER SEAT 15 - NON-MOTORIST			16 - OUTS			16 - OUTSIDE MIRRO			4- ILLNESS			1 - AMPHETAMINES				
8 - HELMET US	8 - HELMET USED 99 - OTHER / UNKNOWN						17 - PROSTHETIC AI 18 - OTHER	17 - PROSTHETIC AID 18 - OTHER			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES 3 - BENZODIAZEPINES			
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							6-	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS					
	0 - REFLECTIVE CLOTHING										/ALCOHOL 9-OTHER/UNKNOWN			5 - COCAINE 6 - OPIATES / OPIOIDS			
/ BICYCLE OF	LIGHTING - PEDESTRIAN / BICYCLE ONLY										JERT U	VIII		7 - OTHER			
99 - OTHER / UNK	9- OTHER / UNKNOWN										8 - NEG	ATIVE RESU	LTS				