OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES MA LOCAL INFORMATION	NDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	O O O O 4	-			
PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR								
SECONDARY CRASH PRIVATE PROPERTY	NCIC* 507	1 - SOLVED O 1 98 - ANIMAL 999 - UNKNOWN							
COUNTY* LOCALITY* LOCATION:CI		CRASH DATE / TIME * CRASH SEVERITY							
4 5 1 2-VILLAGE HEATH	04212023, 1458, 4 2-SERIOUS INJURY								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	LATITUDE DECIMAL DEGREES SUSPECTED 3. MINOR INJURY								
	FOREST HILLS		RD	40,028	0 9 5	SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		- INJURY POSSIBLE			
3 - EAST 4 - WEST	FIR		CT	-82,380	5 5 0	- PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE IR	ROUTE TYPE	ROAD TYPE	D DOAD		INTERSECTION RELATE	D			
1 2-MILE POST 1 2-SOUTH IIS			D - ROAD Q - SQUARE	WITHIN INTE	RSECTION OR ON APPROA	ACH .			
3 - HOUSE # 3 - EAST SR 4 - WEST SR	T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE CT		E - TERRACE L - TRAIL	ROADWAY					
7 5 2-FEET	ROUTE		VA - WAY	ROADWAY DIVIDED					
3-YARDS		- HEIGHTS PL - PLACE	-		17.0.19222779	THE PRODUCTION OF THE			
LOCATION OF FIRST HARMFUL EVE 1 - ON ROADWAY 9 - CROSSOVE		NER OF CRASH COLLISION/IMPA COLLISION 4 - REAR-TO-REAR	CT	DIRECTION OF TRAVE	OI NOON THE CO.	N TYPE FLUSH MEDIAN			
20 20 20 20 20 20 20 20 20 20 20 20 20 2	TWO	WEEN 5-BACKING MOTOR CANDUS		2-SOUTH	(< 4 FEE1)			
4 - ON ROADSIDE 12-SHARED U		ICLES IN 6-ANGLE NSPORT 7-SIDESWIPE, SAME	DIRECTION	3 - EAST 4 - WEST	(≥4 FEE1	C 9			
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LAN	2 - REAF E 3 - HEAI	*		71000(T)25 (DEPRESSED MEDIAN RAISED MEDIAN			
7 - ON RAMP 14-TOLL BOO	TH Janean	D-ON 9-OTHER, ONKNOV	4 14		(ANY TYPE) 9 - OTHER/UNKNOWN				
8-OFF RAMP 99-OTHER/U		1							
WORK ZONE RELATED	WORK ZONE TYPE - LANE CLOSURE	LOCATION OF CRASH IN WO 1 - BEFORE THE 1ST V		CONTOUR 2	CONDITIONS 1	SURFACE 2			
1	- LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNIN	GARFA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
LAW ENFORCEMENT PRESENT	- WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA	manufacture of	2 - STRAIGHT GRADE 2 - WET 2 - BLACKTO					
	- INTERMITTENT OR MOVING WORK - OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	-Δ	3 - CURVE LEVEL 3 - SNOW BITUMINOUS, ASPHALT					
				4 - CURVE GRADE	3 - BRIGIVELOCK				
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	OIRT, 4 - SLAG, GRAVEL, STONE			
1 2 - DAWN/DUSK	01 2 - CLOUDY	7 - SEVERE CROSSWINDS	0.110111		6 - WATER (STANDING, MOVING) 5 - DIRT				
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	8 - BLOWING SAND, SOIL, DIRT, 9 - FREEZING RAIN OR FREEZI			7 - SLUSH 9 - OTHER/UNKNO				
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN				
NARRATIVE						Indicate the north			
UNIT 1 WAS TRAVELING SO	UTHBOUND ON FOF	REST				direction with an "N" on the			
HILLS RD. UNIT 1 RAN OFF		F			N/	compass diagram.			
THE ROADWAY AND STRUC	K A ENERGY	-	Evaluation	ScenePD ™ - Evaluation Edition Evaluation Edition					
COOPERATIVE LIGHT POLE	# PM5 2.	Evaluation Edition	ation Edition	 	Evaluation Edition	in —			
			Evaluation	Evaluation I Byaluation Edition	Evaluation Edition Edition				
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		- SELECTION - LANGUIT	1	Evaluation I	Evaluation Edition Evaluation Edition	n			
		Evaluation Edition	Evaluation ation Edition						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY			
The second section of the second section secti	212023 1510		5 1 5 0	4212023	Northwest Editional Control	CONTROL DESCRIPTION OF THE PROPERTY OF THE PRO			
TOTAL TIME OTHER TOT				CER'S NAME*		MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINU		M	arkley	OLA O HAME		SUPPLEMENT (CORRECTION OR ADDITION			
8,7,	OFFICER'S BAI		Снескей е 7	OFFICER'S BADGE N	1UMBER* 7	TO AN EXISTING REPORT SENT TO ODPS)			
			- 1 -						

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

OHIO DEF OF PUBLI SAFETY - SERVI	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 0 4 4 5 1						1			
UNIT#	0 1 HURD, GAVIN DAVID							D	ATE OF	BIRTH			AGE	GENDER		
01									0 3 / 2 1			/ 2	0 0 4		L 9	M
₹	STREET, CITY, ST								CONTA	CT PHO	NE - INC	CLUDE AREA	CODE	_		
-1		CT NEWARK, OH 43 EMS AGENCY (NAME)	3055	Liniupen	TAKENTO	: MEDICAL FACILITY		SAFETY EQUIPMENT			CEAT	TING POSITION	IN ATD DAY	G USAGE	EJECTION	TRAPPED
INJURIES 4	TAKEN	Heath FD				morial	(NAME, CITY)	USED 0 .4		-COMPLIA	ANT		AIR BAI	6 USAGE	1 1 .	1 1
OL STATE		ICENSE NUMBER			SE CHAF		LOCAL	OFFENSE DESC	RIPTION		ات		4	CITATION NUMBER		
ОН				331.3	84		CODE	ALL OTHER				215610				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALCOHOL / DRUG SUSPECTED CONDITION		STATUS		COHOL TEST TYPE VALUE				TEST(S			
. 4	32220101102		BY	7	=		RIJUANA	1	1	.1 .	"		. 1	1	N20021	00000101104
UNIT #	NAME: LAST, I	EIDOT MIDDI E				THER DRUG					ATE OF	BIRTH		÷	AGE	GENDER
GIVII #	NAME: LASI,	FIRST, WIDDLE								DATE OF BIRTH					Aul	GENDER
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INC	LUDE AREA	CODE	_		
									<u> </u>	1	1	1	1	l I	1	1 1
INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		ПООТ	-Complia	SEAT	TING POSITIO	IN AIR BA	G USAGE	EJECTION	TRAPPED
ADDRESS: STREET, CITY, STATE, ZIP							USED	MC HELMET								
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	OFFENSE DESCRIPTION					CITATION NUMBER			
										и сон	N TEC	т		DDU	TFCT/C	\
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI LCOHOL MAI	E CTED RIJUANA	CONDITION	STATUS	TYPE		ALUE	STATUS	TYPE	RESULT	SELECT UP TO 4
					=	THER DRUG					•					
UNIT#	NAME: LAST, I	FIRST, MIDDLE								D	ATE OF	BIRTH			AGE	GENDER
										1 1						
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INC	CLUDE AREA	CODE			
	In wors	EMO AGENOV		I		MEDICAL PACTURY		CAPETY FAUTOMENT			0547		<u> </u>		<u> </u>	
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED USED		-COMPLIA	ANT	TING POSITIO	IN AIR BAI	G USAGE	EJECTION	TRAPPED
OL STATE			OFFENSE CHARGED LOCAL O			OFFENSE DESC			CITA.	CITATION NUMBER						
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OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALCO	DHOL / DRUG SUSPI	ECTED	CONDITION	STATUS	LCOHO		T ALUE	STATUS		TEST(S	SELECT UP TO 4
	02220101102		BY	INACIED		_	RIJUANA				"					022201 01 10 1
INJU	RIES	SEATING POSITION	L	IR BAG	□□⁰	THER DRUG OL CLAS	s	OL RESTRIC	TION(S)		• L	DISTRAC	TION	T	EST STA	TUS
1 - FATAL		1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP	LOYED		1 - CLASS A		1 - ALCOHOL INTER	LOCK DEVIC	E 1-	NOT DIST	RACTED		1 - NON	E GIVEN	
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE			ELECTRO	LY OPERATIN INIC COMMUN	VICATION		REFUSED GIVEN. CON	TAMINATED
4 - POSSIBLE IN	- POSSIBLE INJURY 3 - FRONT - RIGHT SIDE 4 - DEPLO		4 - DEPLOYE	ED BOTH FRO	OTH FRONT / SIDE 4 - REGULAR CLASS 4			4 - FARM WAIVER		DEVICE (TEXTING, TYPING, DIALING)			SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN			
5 - NO APPAREN	IT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP 9 - DEPLOYI		OWN	5 - M/C MOPED ONLY		5 - EXCEPT CLASS				ON HANDS-F ICATION DEV		5-TEST	GIVEN, RES	
INJURED 1 - NOTTRANSP	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS				ON HAND-HE			NOWN	
/TREATED AT		7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)		ECTION		OL ENDORSE	MENT	8 - INTERMEDIATE		5 -	OTHER AC	CTIVITY WIT	H AN	ALCO 1-NON		T TYPE
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJEC 2 - PARTIAL			H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	RMIT		PASSENG	INIC DEVICE ER		2 - BL00	D	
	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY 10 - SLEEPER SECTION 4 NOT AND		/ EJECTED P - PASSENGER RESTR			RESTRICTIONS	7 - OTHER DISTRACTION					s - URINE I - BREATH				
SAFETY E	SAFETY EQUIPMENT OF TRUCK CAB			LICABLE N-TANKER 10-EIMTED TO BAI Q-MOTOR SCOOTER 11-LIMITED TO EM				PLOYMENT 8 - OTHER DISTRACTION O								
1 - NONE USED	ENCLOSED CARGO AREA		1 - NOT TRA	RAPPED R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH			ER 9-OTHER/UNKNOWN			DRUG TEST TYPE						
3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2-		2 - EXTRICA	RICATED BY T - DOLIRI F & TRIPLET RALLERS CONTROLS OF			ES, HAND				1 - NONE 2 - BLOOD						
4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA			MECHANICAL MEANS X - TANKER / HAZMAT			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY			1 - APPARENTLY NORMAL			3 - URINE				
FORWARD FACING 13 - TRAILING UNIT		NON-MEC	ION-MECHANICAL MEANS 14 - MILLIT. 15 - MOTO!			15 - MOTOR VEHICLE	5 - MOTOR VEHICLES WITHOUT 3 - EMOT			_ IMPAIRMEN AL (E.G., DEPR	(E.G., DEPRESSED,					
REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES 16 - OUTSIDE MIRRO	Alterripor							
7 - BOOSTER SE 8 - HELMET USI		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AII		5-1	FELL ASL	EEP, FAINTEI	D,		BITURATES	
9 - PROTECTIVE	PADS USED							18 - OTHER		6-1		E INFLUENC			ZODIAZEPIN NABINOIDS	ES
(ELBOW, KNE 10 - REFLECTIVE										- 1		ATIONS / DRU		4 - CANI		
11 - LIGHTING - F	PEDESTRIAN									9-1	OTHER/U	INKNOWN			TES / OPIOID	S
99 - OTHER / UNK														7 - OTHI 8 - NEG	:R Ative resui	LTS

	CHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM						2023		ORT NUMBER	4 5	1				
	UNIT # NAME: LAST, FIRST, MIDDLE								<u> </u>	 					
H.	01		, KAYLA NICOLE	DATE OF BIRTH AGE GENDER 0 8 / 2 8 / 2 0 0 4 1 8 F											
TNA	ADDRESS:	STREET, CITY,	·		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT	1807 W	/ALNUT F	RD HEATH, OH 430	56											
o I		INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT-COMPLIANT	SEATING POSITION			TRAPPED					
	5	ВУ		MC HELMET	0 3	1	1	_1							
	UNIT #	NAME: LAS	T, FIRST, MIDDLE	DATI	E OF BIRTH		AGE	GENDER							
	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN						1 1	1 1	1 1	1 1						
ê I	NJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (name, city)	SAFETY EQUIPMENT	DOT-COMPLIANT							
L		ВУ						☐ MC HELMET		ш	نــــا				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	DATE OF BIRTH AGE GEND						
	ANNDESS.	STREET, CITY,	STATE 71D					CONTACT PHONE	- INCLUDE AREA CO	L					
OCCUPAN	ADDICESS.	. 31KLL1, 0111,	31812, 21					CONTROLL	- INCLUDE AREA CO						
<u> </u>	NJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
ı		BY					USED	MC HELMET			نــــا				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
<u> </u>	ADDDESS								<u> </u>						
OCCUPANT	AUUKESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
<u> </u>	NJURIES	ES INJURED EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN				SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY					USED	MC HELMET			ر ا				
		INJU	JRIES	SAFETY	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA		DIQUE IN HIDV	1 - NONE US VEHICLE	ED - OCCUPANT		T – LEFT SIDE ORCYCLE DRIV	ER)	1 - NOT DEPLOYED						
			RIOUS INJURY	2 - SHOULDE	ER BELT ONLY USED 2 - FRONT - MIDDLE				YED FRONT YED SIDE						
	4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 3 - LAP BELL 4 - SHOULDI				LT ONLY USED 3 - FRONT - RIGI 4 - SECOND - LE				4 - DEPLOYED BOTH						
				ER & LAP BELT USED ESTRAINT SYSTEM –		ORCYCLE PASS ND – MIDDLE	ENGER)	FRONT/ 5 - NOT AP							
					D FACING	6 - SECOND - RIGHT SIDE 9 - DEPLOYMENT UNKNO									
	1 - NOT TRANSPORTED 6 - CHILD RI /TREATED AT SCENE REAR FA				ESTRAINT SYSTEM – CING	SYSTEM – 7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR) EJECTION									
	2 - EMS 7 - B00STEF			SEAT	8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE										
	3 - POLICE 8 - HELMET						PER SECTION (TIALLY EJECTED					
					TVE PADS USED KNEES, ETC.)		11 - PASSENGER IN OTHER ENCLOSED 3 - TOTALLY EJECTE CARGO AREA (NON-TRAILING UNIT, 4 - NOT APPLICABLE								
					TIVE CLOTHING	CLOTHING BUS, PICK-UP WITH CA				TRAPPED					
					G – PEDESTRIAN E ONLY	NCLUSED	1 - NOT TRAPPED								
					UNKNOWN 13 - TRAILING UNIT 14 - RIDING ON VEHICL			EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS						
							TRAILING UNIT) MOTORIST			BY NON-ME	CHANIC	AL			
							R/UNKNOWN		MEANS						
	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ANNDFCC.	STREET, CITY,	STATE 7ID					CONTACT PHONE							
M		. omee, 0117,	S.A.E, 211					SULLAUI FIIUNE							
	NAME: LAST, FIRST, MIDDLE							DAT	DATE OF BIRTH AGE GENDER						
WITNESS	ADDDESS, CIDERT CITY CITYE ZID														
M	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
	NAME: LAST, FIRST, MIDDLE							DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	E - INCLUDE AREA CODE						
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