OF PUBLIC SAFETY BAPETY - SERVICE - PROTECTION	RAFFIC CRAS	1.00	PORT *DEN	OTES MAI	NDATORY FII	LD FOR	SUPPLE	MENT REPOR		0 2	23.	LOCAL RE	PORT NU			0				
PHOTOSTAKEN OH-2 NOTHER REPORTING AGENCY NAME* OH-1P OTHER REPORTING AGENCY NAME* NCIC*									45	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR										
SECONDARY CRASH PRIVATE PROPERTY Heath PD							0	4 5 0 7	,	1 - SOLVED 0 2 98 - AN										
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*											CRASH DATE / TIME * CRASH SEVERITY									
4.5 1 2-VILLAGE HEATH											04252023, 0730, 5 1- FATAL 2- SERIOUS INJURY									
ROUTE TYPE ROUTE N		ROAD TYP				ECIMAL DEGR	1001.0		SUSPECTI MINOR IN											
The state of the s			T E		0.0	17	9 4	5		SUSPECT	ED									
ROUTE TYPE ROUTE N	IUMBER PREFIX 1 - NOF 2 - SOL 3 - EAS	JTH	ERENCE ROAD NAMI	-01		OUSE #	Ü	ROAD TYP		COLUMN TO A COLUMN						- 1				
				_ -8	-82_418756 5-PROPERTY DO ONLY															
REFERENCE POINT 1-INTERSECTION	DIRECTION FROM REFERENCE 1 - NORTH		TYPE GHWAY	RD - ROAD	-	INTERSECTION RELATED														
3 2 - MILE POST 3 - HOUSE #	2 - SOUTH 3 - EAST	UTH US - FEDERAL US ROUTE AV - AVENUE LA - LANE SQ - SQUA									WITHIN INTERSECTION OR ON APPROACH									
weare consistence and the constant cons	4 - WEST SR - STATE ROUTE CR - CIRCLE OV - OVAL TE - TERRAC																			
FROM REFERENCE	FROM REFERENCE UNIT OF MEASURE TO NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY TL - TRAIL										ROADWAY									
3 5	1 - MILES 2 - FEET ROUTE DR - DR - DRIVE PI - PIKE WA - WAY ROUTE BROUTE HE - HEIGHTS PL - PLACE											ROADWAY DIVIDED								
LOCATIO	LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT											iL	ı	MEDIAN	TYPE					
1 - ON ROADW 0 1 2 - ON SHOUL	1 - REAR 5 - BACK	-TO-REAR ING				NORTH		1 - DIVIDED FLUSH MEDIAN (<4 FEET)												
□□□□ 3 - IN MEDIAN	N 11-RAILV	VAY GRADE	EY ACCESS E CROSSING	VEHI	MOTOR CLESIN 6	6 - ANGL	E	ue succession			SOUTH EAST	<u> </u>	2 - DIV ك	IDED FL	USH MED	IAN				
4 - ON ROADS 5 - ON GORE	TRAIL		ATHS OR	2 - REAR			- 31,000 - 00 - 00 - 00 - 00 - 00 - 00 - 00	ME DIRECTION Posite direction)N	4 - WEST 3 - DIVIDED, DEPRESSED MED										
6 - OUTSIDE T	RAFFIC WAY 13-BIKE 14-TOLL			3 - HEAD)-ON 9	9 - OTHE	R/UNKNO	NWN		4 - DIVIDED, RAISED MEDIAN (ANY TYPE)						DIAN				
7 - ON RAMP 14- FOLL BOOTH 8 - OFF RAMP 99- OTHER / UNKNOWN										9 - OTHER/UNKNOWN										
WORK ZONE RELA	ATED		ORK ZONE TYPE					ORK ZONE		CONTO	OUR	CO	NDITION	s		FACE				
WORKERS PRESE	ENT		E CLOSURE E SHIFT/CROSSOVER		600	WARN	ING SIGN	WORK ZONE		_1			1			<u>'</u>				
LAW ENFORCEME	ENT PRESENT L		K ON SHOULDER IEDIAN		5 30		CE WARNI ITION ARE				IT LEVEL IT GRADE			1 - CONCRETE 2 - BLACKTOP,						
ACTIVE SCHOOL 7	ZONE	4 - INTE 5 - OTHE	ERMITTENT OR MOVIN	IG WORK	I		TY AREA NATION A	DEA		CURVE L		3 - SNOV	V	BITUMINOUS, ASPHALT						
		3-01111	LIN			S LIXIO	IVALION A	NLA:		CURVE G		4 - ICE		3 - BRICK/BLOCK						
1 - DAYLIGHT	CONDITION		1 - CLEAR	WEATHE	R 6-SNOW				9 -	OTHER/U	NKNOWN		AND, MUD, DIRT, 4 - SLAG, GRAVE STONE							
1 2 - DAWN/DUS	K HTED ROADWAY	.0	2 - CLOUDY 3 - FOG, SMOO	CMOKE	7 - SEVERE			T CNOW					TER (STANDING, 5 - DII			A:				
4 - DARK – ROA	ADWAY NOT LIGHTED		4 - RAIN	, SWICKE				II, SNOW ZING DRIZZL	E			7 - SLUS			9 - OTHER/UNKNOWN					
5 - DARK – UNI 9 - OTHER / UN	5 - SLEET, HA	EET, HAIL 99 - OTHER / UNKNOWN								9 - OTHE	R/UNKNO	WN								
NARRATIVE						1	1 1	I I I I	T				1 1	1		e the north				
UNIT 1 WAS	TRAVELING	WEST	BOUND ON	DEAN	INA								<		direction an "N"	on the				
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CRASH REPORTED	VALUE AND		PATCH DATE / TIME				ATE / TIM					DATE / TI		_	PORT TAK	and a second second				
0,4252023				عالطط	0425	2 0 2		756				5 0	833		MOTORIS	- 1				
TOTAL TIME ROADWAY CLOSED IN		TOTAL IINUTES	OFFICER'S NAME Ramage	n				CHECKED BY OF mart	FICER	'S NAME	*			SUPPLEMENT (CORRECTION OR ADDITION						
				ER'S BAD	GE NUMBER		_	O CHECKE	о ву ОІ	FFICER'S	BADGE	NUMBER	* 8	1	CORRECTION TO AN EXISTING RE	N OR ADDITION PORT SENT TO ODPS)				
		1_1_	0 7	- 1	1 ,	3	1	0 /			-	3	٥	J						

OHIO DEI OF PUBLI SAFETY - SERV	OHIO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST									2 0 2 3 - 0 0 0 0 4 5 8 0										
UNIT #											DATE OF BIRTH					AGE	GENDER			
O 1	YOHO, KADEN KENNEDY S: STREET, CITY, STATE, ZIP										0 5 / 2 7 / 2 0 0 4 1 8 M CONTACT PHONE - INCLUDE AREA CODE									
		OH 43056) I	, D						
	INJURED I	EMS AGENCY (NAME)	ED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED					☐ DO	T-Complia	SEATI	NG POSITIO	N AIR BAG	USAGE	EJECTION	TRAPPED					
5	BY L								0 4		HELME	T _0	1	1 1 1						
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OL CLASS	ENDORSEMENT SELECT UP TO 2				VER ALCOHOL / DRUG SUSPECTED			CON	IDITION	STATUS		OHOL TEST YPE VALUE S			DRUG TEST(S) STATUS TYPE RESULT					
. 4	32220101102		1	=	LCOHOL MAF THER DRUG	RIJUANA	1		1	1			1	1	NEO CE					
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ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE																			
629 DE INJURIES	9 DEANNA STROLL HEATH, OH 43056 JRIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME										T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED									
NON 5	TAKEN BY			INSURED TAKEN TO: MEDICAL PROJECT (MAME, CITY)					0 4		T-COMPLIA HELME	ANT	1	1	USAUL	1	1			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL				OFFENSE DESCRIPTION			l		'	CITAT	CITATION NUMBER					
ADDRESS: 629 DE 629 DE INJURIES 0 STATE 0 H					331.13			331.			VI CU H (DL TEST		215	215609 Drug test(s)					
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI LCOHOL MAI	E CTED RIJUANA		IDITION	STATUS			LUE	STATUS	TYPE		SELECT UP TO 4			
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UNIT #	NAME: LAST, F	FIRST, MIDDLE						D	DATE OF BIRTH				AGE	GENDER						
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ADDRESS:												1	1	1 1		1				
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED 7	JURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAF					DOT-COMPLIANT SEATING POSITION			N AIR BAG	AIR BAG USAGE EJECTION TRAPPE						
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	IRIES	SEATING POSITION		IR BAG		OL CLASS	\$	4 430 (200 (200)	RESTRIC		and the same		ISTRAC	TION	100000000000000000000000000000000000000	ST STA	TUS			
	- FATAL 1 - FRONT - LEFT SIDE - SUSPECTED SERIOUS INJURY (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED 2 - DEPLOYED FRONT			1 - CLASS A 2 - CLASS B		COHOL INTER L INTRASTAT			NOT DISTR	ACTED COPERATIN	G AN	1 - NONE 2 - TEST I	REFUSED					
3 - SUSPECTED		2 - FRONT - MIDDLE	3 - DEPLUT						RRECTIVE LE	DEVICE (IC COMMUNEXTING, TYP		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
4 - POSSIBLE IN		4 CECOND LEET CIDE		ED BOTH FRONT / SIDE 4 - REGULAR CLASS OLICARI F (OHIO = D)					RM WAIVER	DIALIN						4 - TEST GIVEN, RESULTS KNOWN				
3 - NU APPAREN	3 - NO APPARENT INJURY (MOTORCYCLE PASSEN		5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			5 - M/C MOPED ONLY		CEPT CLASS A			3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			5 - TEST GIVEN, RESULTS						
	INJURED TAKEN BY 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE			6 - NO VALID OL							4 - TALKING ON HAND-HELD COMMUNICATION DEVICE									
	I - NOTTRANSPORTED 6 - SECOND - NIGHT SIDE /TREATED AT SCENE 7 - THIRD - LEFT SIDE		EJECTION OL ENDORSEMENT					7 - EXCEPT TRACTOR-TRAILE 8 - INTERMEDIATE LICENSE			5 - OTHER ACTIVITY WITH AN				ALCOHOL TEST TYPE					
2 - EMS	0 THIRD MIDDLE		1 - NOT EJECTED H - HAZMAT					RE	STRICTIONS	(DIAGENIAED				1 - NUNE 2 - BLOOD						
3 - POLICE 9 - OTHER / LINK	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED M - MOTORCYC 3 - TOTALLY EJECTED P - PASSENGE					9 - LEARNER'S PER RESTRICTIONS			Aimail			3 - URINE						
	10 - SLEEPER SECTION 4-			4-NOT APPLICABLE N-TANKER					10 - LIMITED TO DAYLIGHT ONLY			INSIDE THE VEHICLE			4 - BREATH "SIDE 5 - OTHER					
1 - NONE USED	11 DACCENCED IN OTHER			Q - MOTOR SCOULER					11 - LIMITED TO EMPLOYMENT 12 - LIMITED – OTHER			8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN			DRUG TEST TYPE					
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1-			1 - NOTTRAPPED S - SCHOOL BUS 2 - EXTRICATED BY T - DOUBLE & TRIPLETRAL				(SF	CHANICAL DI PECIAL BRAK	ES, HAND	VICES S, HAND			1 - NONE						
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		MECHANICAL MEANS 3-FREED BY			X - TANKER / HAZMAT		NTROLS, OR O APTIVE DEVI		1 -	CONDITION 1 - APPARENTLY NORMAL			2 - BL00D 3 - URINE						
	FORWARD FACING 13 - TRAILING		NON-MEC		EANS			14 - MILITARY VEHICLE				2 - PHYSICAL IMPAIRMENT			4 - OTHER					
	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)					AII	RBRAKES			 3 - EMOTIONAL (E.G., DEPRESSEI ANGRY, DISTURBED) 			DRUG TEST RESULT(S)						
	REAR FACING (NON-TRAILING UN 7 - BOOSTER SEAT 15 - NON-MOTORIST							TSIDE MIRRO OSTHETIC AII			LLNESS			1 - AMPHETAMINES						
	8 - HELMET USED 99 - OTHER / UNKNOWN						17 - 18 -			,	5 - FELL ASLEEP, FAINTED FATIGUED, ETC.),	2 - BARBITURATES 3 - BENZODIAZEPINES					
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS						
10 - REFLECTIVE	0 - REFLECTIVE CLOTHING											/ALCOHOL			5 - COCAINE					
	11 - LIGHTING – PEDESTRIAN / BICYCLE ONLY										9-1	9- OTHER / UNKNOWN				6 - OPIATES / OPIOIDS 7 - OTHER				
99 - OTHER / UNKNOWN																8 - NEGATIVE RESULTS				