OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES MANDATOR LOCAL INFORMATION HEBRON RE	Y FIELD FOR SUPPLEMENT REPORT		CAL REPORT NUMBER*					
PHOTOS TAKEN OH-2 OH-3									
SECONDARY CRASH ONLINE PROPERTY	Heath PD	0 4 5 0 7	HIT/SKIP 1 - SOLVED LJ 2 - UNSOLVED	NUMBER OF UNITS	UNIT IN ERROR  98 - ANIMAL  99 - UNKNOWN				
1 - CITY	TY, VILLAGE, TOWNSHIP*		CRASH DATE / TI	_ 1	SH SEVERITY FATAL				
4 5 1 2-VILLAGE HEATI	04292023, 1830, 2-SERIOUS INJURY								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 3 - EAST	LOCATION ROAD NAME	ROAD TYPE	2 MINOR IN HIRV						
T-WEOI	REFERENCE ROAD NAME (ROAD, MILEPO	ST, HOUSE #) ROAD TYPE	LONGITUDE DECIMAL DEGREES  4- INJURY POSSIB						
2 - SOUTH 3 - EAST	863	ightoose any	- 8 4 4 2	) 1 3 5-	PROPERTY DAMAGE				
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE	ONLY  INTERSECTION RELATED						
2 MILE DOST 2 COUTU	- INTERSTATE ROUTE(TP) AL - ALLEY	HW-HIGHWAY RD-ROAD	WITHIN INTERSECTION OR ON APPROACH						
3- HOUSE # 3 - EAST 0.	S - FEDERAL US ROUTE AV - AVENUE S - STATE ROUTE BL - BOULEV	E LA - LANE SQ - SQUARE VARD MP - MILEPOST ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACH						
	- NUMBERED COUNTY ROUTE CR - CIRCLE CT - COURT	OV - OVAL TE - TERRACE PK - PARKWAY TL - TRAIL	ROADWAY						
2-FEET	- NUMBERED TOWNSHIP ROUTE  DR - DRIVE HE - HEIGHT	PI - PIKE WA - WAY S PL - PLACE	ROADWAY DIVI	DED					
LOCATION OF FIRST HARMFUL EVE		RASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN	TVDE				
1 - ON ROADWAY 9 - CROSSOVE	R 1 - NOT COLLISIO	ON 4-REAR-TO-REAR	1 - NORTH	1 - DIVIDED FL	USH MEDIAN				
The second secon	Y/ALLEY ACCESS GRADE CROSSING TWO MOTOR VEHICLES IN	5 - BACKING 6 - ANGLE	2 - SOUTH 3 - EAST	2 - DIVIDED FL	( < 4 FEET )  1 2 - DIVIDED FLUSH MEDIAN				
4 - ON ROADSIDE 12-SHARED 5 - ON GORE TRAILS	JSE PATHS OR TRANSPORT 2 - REAR-END	7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION	(≥4 FEET) 4-WEST 3-DIVIDED, DEPRESSED ME						
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LAN 7 - ON RAMP 14 - TOLL BOO	J. HEAD-ON	9 - OTHER/UNKNOWN	4 - DIVIDED, RAISED MEDIA (ANY TYPE)						
8 - OFF RAMP 99-OTHER/U				9 - OTHER/UNI	(NOWN				
WORK ZONE RELATED	Andrew of Automotive Country (Country Country	ATION OF CRASH IN WORK ZONE  1 - BEFORE THE 1ST WORK ZONE	CONTOUR	CONDITIONS	SURFACE				
WORKERS PRESENT 2	- LANE CLOSURE - LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNING AREA	1 0750400474 5454	2	2				
LAW ENFORCEMENT PRESENT	- WORK ON SHOULDER OR MEDIAN	J 3-TRANSITION AREA		1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,				
	- INTERMITTENT OR MOVING WORK - OTHER	4 - ACTIVITY AREA 5 - TERMINATION AREA	REA 3 CURVETEVEL 3-SNOW						
LIGHT CONDITION	WEATHER			4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,				
1 - DAYLIGHT <b>1</b> 2 - DAWN/DUSK	1 - CLEAR 6 - SNO <b>0.4</b> 2 - CLOUDY 7 - SEV	OW YERE CROSSWINDS	OIL, GRAVEL						
3 - DARK – LIGHTED ROADWAY	3-FOG, SMOG, SMOKE 8-BLO	WING SAND, SOIL, DIRT, SNOW		6 - WATER (STANDING, MOVING)	5 - DIRT 9 - OTHER/UNKNOWN				
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTIN		EZING RAIN OR FREEZING DRIZZLE HER/UNKNOWN	1	7 - SLUSH 9 - OTHER/UNKNOWN					
9 - OTHER / UNKNOWN									
NARRATIVE  Unit 1 was attempting to m	aka a laft turn across SP			N N	Indicate the north				
79 to go northbound. Unit 2					an "N" on the compass diagram.				
79. As unit 1 was crossing t		it Evaluation	ScenePD ™ - Evaluation Edition  Evaluation Edition  en Edition		_				
2 struck unit 1 as a result o	unit 1 failing to yield.	Evaluation Edition Evaluation Edition	_	Evaluation Edition	=				
		683 Evaluation Edition	Evaluation Edition	iltion Strift.					
		Evaluation Edition		Evaluation Edition Evaluation Edition					
		Evaluation Edition Evaluation Edition	Edition Evaluation Edition						
			Evaluation Evaluation Ec	Evaluation Edition					
		Evaluation Edition	on Fottion	Not To Scaletion Edition					
		Saluatio	Evaluation Edition	Evaluation Edition					
		Evaluation Edition	//	Evaluation Edition Evaluation Edition					
		Evaluation Edition  Evaluation Edition	Evaluation Edition  Edition	JUGH	-				
ODACH DEDOSTED DATE (	DICPATCH DATE (TWAF		Trancite (877) 908-4777	ATE /TIME	PODT TAKEN 5%				
CRASH REPORTED DATE / TIME  0 4 2 9 2 0 2 3 1 8 3 0 0 4 2	DISPATCH DATE / TIME 292023 1833 042	ARRIVAL DATE / TIME 92023 1837	SCENE CLEARED D. 14292023	George of Bentheren	PORT TAKEN BY POLICE AGENCY				
TOTAL TIME OTHER TOTAL		CHECKED BY OFF	ICER'S NAME*		MOTORIST				
ROADWAY CLOSED INVESTIGATION TIME MINU	Harlow	Hunt			SUPPLEMENT (CORRECTION OR ADDITION				
0 , , , 2 , 0 , , , 5 , 3	O 7 - 1	MBER*	BY OFFICER'S BADGE NO	3 0	TO AN EXISTING REPORT SENT TO ODPS)				

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0 2 3 - 0 0 0 0 4 7 8 1							
UNIT#	NAME: LAST, FIRST, MIDDLE  DICKENSON, WAYNE LEE III						DATE OF BIRTH AGE GENDER							
0 1								0 1 /	2 9 / 1	3 2	M			
ADDRESS	S: STREET, CITY, ST	EET, CITY, STATE, ZIP							CONTACT P	HONE - INCLUDE AREA	CODE		1	
90 MAI 90 MAI INJURIES 5 OL STATE	DISON AVE	NEWARK, OH 43055	5											
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Com	PLIANT SEATING POSITION	ON AIR BAG US	AGE EJECTION	TRAPPED	
<u>5</u>	BY							0 4	MC HEL	MET 0 1	_ 1	_1	_1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER			
				331.2			X	331.22			N214735			
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Tracted			CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
4				1	=	THER DRUG	MOUANA	1	1 1		1 :	1		
UNIT #	NAME: LAST, F	FIRST, MIDDLE						,		DATE OF BIRTH		AGE	GENDER	
0 2	WASHING	GTON, FRED A Jr								1 0 / 2 9 / 1 9 7			М	
ADDRESS	S: STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
770 CC INJURIES	DLUMBIA S	T 206 NEWARK, OH	43055											
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	<b>ПОТ-С</b> ом	SEATING POSITION	ON AIR BAG US	AIR BAG USAGE EJECTION TRAPPED		
	BY							0 4	MC HELMET 0 1		1 1 1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	· · · · · ·	CITATIO	N NUMBER		
OL STATE				<u> </u>						NO TEST		DIIC-TEAT	,	
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIST	VER Tracted	ED ALCOHOL / DRUG SUSPECTED  MARIJUANA		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP TO 4				
4	4   BY			1 OTHER DRUG			MOUANA	1	1 1		1 :	1		
UNIT#	NAME: LAST, F	FIRST, MIDDLE			_					DATE OF BIRTH		AGE	GENDER	
												,		
ADDRESS	S: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
DIOR.														
MONON INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	рот-Сом		ON AIR BAG US	AGE EJECTION	TRAPPED	
	BY BY							MC HELMET						
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	ARGED LOCAL OFFENSE DESC		RIPTION		CITATIO	CITATION NUMBER			
	ENDODGEMENT	DECEDICATION OF LOCA	DDT	VED	11.04			CONDITION	ALCOHOL TEST		DRUG TEST(S)			
UL CLASS	SELECT UP TO 2 DI			VER ALCOHOL / DRUG SUSPECTED TRACTED ALCOHOL MARIJUAI			CONDITION	STATUS TY				T SELECT UP TO 4		
L					□ ∘	THER DRUG								
	URIES	SEATING POSITION		IR BAG		OL CLASS	S	OL RESTRIC		DRIVER DISTRAC		TEST STA	TUS	
1 - FATAL 2 - SUSPECTE	D SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE				1 - ALCOHOL INTERLOCK DEVICE 1 - NOT DISTRACTED 2 - CDL INTRASTATE ONLY 2 - MANUALLY OPER.			1 - NONE GIVEN TING AN 2 - TEST REFUSED				
	2 FRONT MIDDLE		3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LE	DEVICE (TEXTING, TY		NICATION 3.	CATION 3 - TEST GIVEN, CONTAMINATED		
4 - POSSIBLE I 5 - NO APPARE		4 - SECOND - LEFT SIDE	4 - DEPLOYED BOTH FRONT / S 5 - NOT APPLICABLE			SIDE 4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	DIALING) A BUS 3 - TALKING ON HANDS-F		4.	4-TEST GIVEN RESULTS KNOWN		
	(MOTORCYCLE PASSENGER)  5 CECOND MIDDLE  9-DEPL			YMENT UNKNOWN 5 - M/C MOPED ONLY			6 - EXCEPT CLASS	COMMUNICATION DEV		VICE 5	E 5 - TEST GIVEN, RESULTS			
	1-NOTTRANSPORTED 6-SECOND-RIGHT SIDE				6 - NO VALID OL & CLASS B BUS 7 - EXCEPT TRACT				OR-TRAILER	4 - TALKING ON HAND-HE COMMUNICATION DEV	/ICF	D .		
/TREATED :	/TREATED AT SCENE 7 - THIRD - LEFT SIDE							8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE	H AN	AN 1 - NONE		
3 - POLICE	3 - POLICE 8 - THIRD - MIDDLE 2 - PART		1 - NOT EJE 2 - PARTIAL	LLY EJECTED M - MOTORCYCLE			9 - LEARNER'S PERMIT		6 - PASSENGER		2 - BLOOD			
9 - OTHER / UN	10 CLEEDED SECTION		3-TOTALLY				RESTRICTIONS  10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE 4 - BREATH			
SAFETY	SAFETY EQUIPMENT OF TRUCK CAB			LICADLE N-TANNER					8 - OTHER DISTRACTION					
	ENCLOSED CARGO AREA			RAPPED R-THREE-WHEEL MOTORCYCLE 12-LIMIT			12 - LIMITED - OTHE 13 - MECHANICAL D		9 - OTHER / UNKNOWN		DRUG TEST	TYPE		
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EX		2 - EXTRICA	CATED BY T - DOUBLE & TRIPLET RALLERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		1 - NONE 2 - BLOOD			
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA			X - TANKER / HAZMAT		ADAPTIVE DEVI	CES)	1 - APPARENTLY NORMA	L 3.	- URINE			
FORWARD F	ILD RESTRAINT SYSTEM—  AR FACING  14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		NON-ME	CHANICAL MEANS			14 - MILITARY VEHI 15 - MOTOR VEHICLE	S WITHOUT 3 - EMOTIONAL (E.G., DEPRES ANGRY, DISTURBED)			DRUG TEST RESULT(S)			
6 - CHILD RES REAR FACI							AIR BRAKES 16 - OUTSIDE MIRRO			D				
7 - BOOSTER S	DOSTER SEAT 15 - NON-MOTORIST						17 - PROSTHETIC AID		4- ILLNESS 5- FELL ASLEEP, FAINTED,		1 - AMPHETAMINES 2 - BARBITURATES			
	- HELMET USED 99 - OTHER / UNKNOWN PROTECTIVE PADS USED							18 - OTHER		FATIGUED, ETC. 6- UNDER THE INFLUENCE		3 - BENZODIAZEPINES		
(ELBOW, KN	(ELBOW, KNEES, ETC.) REFLECTIVE CLOTHING								6- UNDER THE INFLUENC OF MEDICATIONS / DRI / ALCOHOL					
11 - LIGHTING -	LIGHTING – PEDESTRIAN								9- OTHER / UNKNOWN		6-	6 - OPIATES / OPIOIDS		
/ BICYCLE (	UNLY	LE ONLY UNKNOWN										7 - OTHER 8 - NEGATIVE RESULTS		

Ũ	OHIO DEI OF PUBL SAFETY - SERV	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM  OF PUBLIC SAFETY SERVICE - PROFESSIONAL PROFESSION					2 0 2 3 - 0 0 0 0 4 7 8 1							
	UNIT #	NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER		
	01	DICKENSON, CHELSEA LYNN						0 5 / 1	7 / 1 9	9 6	2 6	F		
PAN	ADDRESS	S: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
OCCUPAN			/E NEWARK, OH 4											
J		INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION					
5	5	BY					0 4		0 3	1	1	1		
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
Į	ADDRESS	: STREET, CITY,	STATE 7IP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN	7.22.1.200		J											
8	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY				MC HELMET								
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE				1	DATE OF BIRTH AGE GEND						
PAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN		T	T =								<u> </u>			
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
٥	UNIT #		T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER		
	UNII #	NAME: LAS	I, FIRSI, MIDDLE					DAI	E UF BIKIN		AGE	GENDER		
ANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN									1 1	1 1	1 1	1 1		
ä	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BY					USED	MC HELMET						
			JRIES		Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
	1 - FATA		DIOUS IN HIDV	1 - NONE US VEHICLE	SED - 1 - FRONT – LEFT SIDE COCCUPANT (MOTORCYCLE DRIV									
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - CHILD RE			ER BELT ONLY USED  2 - FRONT - MIDDLE  3 - FRONT - RIGHT SID  4 - SECOND - LEFT SID			3 - DEI		YED FRONT					
								4 - DEPLOYED BOTH						
				ER & LAP BELT USED	(MOTORCYCLE PASS 5 - SECOND – MIDDLE		ENGER)	FRONT/SIDE  5 - NOT APPLICABLE  9 - DEPLOYMENT UNKNOWN						
l				D FACING	ND - RIGHT SII	DE								
		TRANSPOR		6 - CHILD RI REAR FA	ESTRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE	CAR)	EJECTION					
	/TREATED AT SCENE REAR FA 2 - EMS 7 - BOOSTER					D – MIDDLE	CAIC	1 - NOT EJECTED						
	3 - POLICE 8 - HELMET					D - RIGHT SIDE	DE LOF TRUCK CAB 2 - PARTIALLY EJECT			ED				
				TIVE PADS USED			HER ENCLOSED 3 - TOTALLY EJECTED							
	10 - REFLECT			KNEES, ETC.)	CARGO AREA (NON-TI BUS, PICK-UP WITH CA			4 - NOT AP						
				NG – PEDESTRIAN 12 - PASSENGER IN			NCLOSED	TRAPPED						
	/ BICYCL					13 - TRAILING UNIT			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICA			CAL		
				99 - OTHER /	UNKNUWN		NG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS		CCHANI	GAL		
							MOTORIST		3 - FREED MEANS	BY NON-ME	CHANIC	AL		
						99 - OTHE	R/UNKNOWN					1		
SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE				
≥									1 1	1 1				
, <u>,</u>	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS		DDDCC AVECT ATTICATION												
MI	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
5	NAME: LAS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER						
ESS		, ,								_, _, _,				
WITNESS	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
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