OHIO DEPARTMENT OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	RAFFIC C	RASH R	EPORT *DENOTE	S MANDATORY FII	ELD FOR SUPPLEM	ENT REPORT	L	OCAL REPORT	NUMBER*					
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT **DENOTES MANDATORY FIELD FOR SUPPLEMENT FIELD FOR SUPPLEME							2023-00005953							
SECONDARY CRASH	*	0 4	4507 1-SOLVED 02 01			Name 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
COUNTY* LOCALITY*	CATION: CITY, V		CRASH DATE / TIME* CRASH SEVERITY											
145 1 2-1		IEATH	05262023 1731 5 1- FATAL 2- SERIOUS INJURY											
ROUTE TYPE ROUTE NU	2	- SOUTH	CATION ROAD NAME			ROAD TYPE	LATITUDE DE	SUSPECTED 3 - MINOR INJURY						
	LL 4	- WEST	30TH			ST	40,029	SUSPECTED						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 2 - SOUTH 850					OUSE #)	ROAD TYPE	LONGITUDE		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE					
	<u> </u>	- WEST 8	50				- 8 4 4		ONLY					
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE 1 - NOR	TH IR - IN	ROUTE TYPE TERSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE HW - HIGHWAY	RD - ROAD	l —	INTERSECTION RSECTION OR ON						
2 - MILE POST 3 - HOUSE #	2 - SOU 3 - EAS	T 03-12	DERAL US ROUTE	AV - AVENUE BL - BOULEVARD		SQ - SQUARE ST - STREET			4					
DISTANCE	4 - WES	CR - NU	ATE ROUTE IMBERED COUNTY ROUTE	CR - CIRCLE	0V - 0VAL 1	E - TERRACE								
FROM REFERENCE	FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY								ROADWAY DIVIDED					
	2 - FEE 3 - YAR		IUTE .	HE - HEIGHTS	PL - PLACE		L ROADWAY DIV	IDED						
LOCATION 1 - ON ROADWA	N OF FIRST HARM	ROSSOVER	1	MANNER OF CRASS	H COLLISION/IMPA H - REAR-TO-REAR	CT	DIRECTION OF TRAVE	VCI	MEDIAN TYPE					
0 1 2-0N SHOULD	ER 10-	DRIVEWAY/AL	LEY ACCESS 2	BETWEEN TWO MOTOR	- BACKING		1 - NORTH 2 - SOUTH		OVIDED FLUSH MEDIAN <4 FEET)					
3 - IN MEDIAN 4 - ON ROADSIE	DE 12-	RAILWAY GRAI SHARED USE F	ACADA INC. ACADAMAN DANAMA	V LITTOLLS IN	5 - ANGLE 7 - SIDESWIPE, SAM	E DIRECTION	3 - EAST 4 - WEST	DIVIDED FLUSH MEDIAN ≥4 FEET)						
5 - ON GORE 6 - OUTSIDE TR	10	TRAILS BIKE LANE	I		3 - SIDESWIPE, 0PP0 9 - OTHER / UNKNOV		MARKED I	DIVIDED, DEPRESSED MEDIAN DIVIDED, RAISED MEDIAN						
7 - ON RAMP	14-	TOLL BOOTH OTHER/UNKN		TIERO ON	S OTHER DIRECTOR			ANY TYPE) THER/UNKNOWN						
8 - OFF RAMP			ORK ZONE TYPE	LOCATIO	N OF CRASH IN WO	DV 70NE	CONTOUR	CONDITIO	ONS SURFACE					
WORK ZONE RELAT		1 - LAI	NE CLOSURE		BEFORE THE 1ST		1	, 1	2					
WORKERS PRESEN			NE SHIFT/CROSSOVER RK ON SHOULDER	14 245 THE	ADVANCE WARNIN		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE							
LAW ENFORCEMEN	NIPRESENI		MEDIAN FERMITTENT OR MOVING V		TRANSITION AREA ACTIVITY AREA	1 .	2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOL							
ACTIVE SCHOOL ZO	ONE	5 - OTI		0.45 (0.00)	TERMINATION AR	N AREA 3 - CURVE LEVEL 3 - SNOW ASPHAL								
20000000 0 20	CONDITION			ATHER			9 - OTHER/UNKNOWN	5 - SAND, MUD,						
1 - DAYLIGHT 2 - DAWN/DUSK			1 - CLEAR 01 2 - CLOUDY	6 - SNOW 7 - SEVERE	CROSSWINDS			OIL, GRAVEL 6 - WATER (STA	STONE					
3 - DARK - LIGH	ITED ROADWAY DWAY NOT LIGHT				G SAND, SOIL, DIRT IG RAIN OR FREEZ		MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN						
5 - DARK – UNKI	NOWN ROADWAY		5 - SLEET, HAIL		/ UNKNOWN		9 - OTHER/UNKI	NKNOWN						
9-OTHER/UNK	CNOWN													
NARRATIVE	were hoth	southh	ound on S. 30	th St					Indicate the north direction with an "N" on the					
			traffic when i						compass diagram.					
struck unit 2	•				_	Evaluation	ScenePD ™ - Evaluation Edition							
					Evaluation Edition	uation Edition	Edition 7	E Evaluation Edition	Evaluation Edition					
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						Evaluation	Evaluation E Evaluation Edition	dition						
					Evaluation Edition	Unit 1	Evaluation Edition	Evaluation Edition	Evaluation Edition					
<u>-</u>					Evaluation Edition	uation Ed E aluatid	Evaluation Edition							
						35	Evaluation Edition N	Evaluation Edition	Evaluation Edition					
				Evaluation Edition	Bon Edition Evaluation	Edition	to police arrival	Evaluation Edition						
					_	Freshing	Evaluation Edition	Evaluation Edition	-					
					Evaluation Edition	uation Edition	Trancite (877) 908-4777							
CRASH REPORTED I	DATE / TIME	DIS	PATCH DATE / TIME	AR	RIVAL DATE / TIME		SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY					
0,5,2,6,2,0,2,3	1,731	0526	2023 173	5 0526	2023 1	7410	5262023	181						
TOTAL TIME ROADWAY CLOSED INVI	OTHER ESTIGATION TIME	TOTAL MINUTES	officer's NAME* Harlow		Cı		CER'S NAME*		MOTORIST					
The second contract of	utum 489999900000505000505050			S BADGE NUMBER			BY OFFICER'S BADGE N	IUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODES)					
	1 1		0 7			0 7	- 1	3 0						

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

3

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

	ONIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0 2 3 - 0 0 0 0 5 9 5 3							
	IT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GEN					
0	1	WONDERLY, WILLIAM PATRICK							0 7 / 2 9 /			9 8 1	4 1	М	
ADD	RESS:	STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
ZOTOW-NON-NON-NON-NON-NON-NON-NON-NON-NON-N	МО	NTGOMER	NTGOMERY AVE C2 NEWARK, OH 43055												
∑ INJU	IRIES	INJURED E						(NAME, CITY)	SAFETY EQUIPMENT	DOT-Come	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED	
0N _ 5		ВУ							0 4	MC HELP	MET 0 1	11	1	_1	
OL S	TATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	N NUMBER		
0	Щ							333.03				N214743			
≥ OL C	LASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS.	VER Tracted	_	DHOL / DRUG SUSPI		CONDITION	STATUS TYP	PE VALUE		RUG TEST(S YPE RESUL	SELECT UP TO 4	
. 4				BY	1	=	THER DRUG	RIJUANA	. 1	1 1		.1 .1	L		
UN	IT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
0	2	BOWEN,	ANNIE LEE							0 2 /	0 5 / 1	9 7 4	4 9	F	
Z ADD	RESS:	STREET, CITY, STA									HONE - INCLUDE AREA (
ZS ADD INJU	3RD	AVE ETNA	, OH 43062												
E INJU	RIES	INJURED E	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT-COME	SEATING POSITIO	N AIR BAG US	AIR BAG USAGE EJECTION TRAPPED		
2 5		BY							USED 0 4	MC HELI		_ 1	1 1 1		
	TATE	OPERATOR LI	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL			OFFENSE DESC	RIPTION		CITATION NUMBER			
	Н					CODE									
≥ OL C	LASS	ENDORSEMENT SELECT UP TO 2				VER ALCOHOL / DRUG SUSPECTED			CONDITION	ALCO STATUS TYP	HOL TEST PE VALUE		DRUG TEST(S) TATUS TYPE RESULT SELECT UP TO 4		
4				ВУ	1	=		RIJUANA	1	1 1		1 1	L		
LIN	UNIT # NAME: LAST, FIRST, MIDDLE			■ OTHER DRUG					DATE OF BIRTH		AGE	GENDER			
9		TAME LAGI,	1101, 1110522										7.62		
Z ADD	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE				
ORI	CUNIACI PRUME - INCLUDE AREA CODE														
NON-MOTORIS	IRIES		EMS AGENCY (NAME)		INJURED.	TAKEN TO	N TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION				TRAPPED	
	TAKEN BY				USED			MC HELMET							
MOTORIST S 70	TATE	OPERATOR LI	ICENSE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	INSE DESCRIPTION CITAT			TION NUMBER			
≥ OL C	LASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPI		CONDITION	ALCO STATUS TYP	HOL TEST PE VALUE		RUG TEST(S YPE RESUL	SELECT UP TO 4	
				ВУ		=	LCOHOL MAF THER DRUG	RIJUANA							
	INJU	RIES	SEATING POSITION		IR BAG	υσ	OL CLASS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST STA		
1 - FATA			1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER	LOCK DEVICE	1 - NOT DISTRACTED		NONE GIVEN		
		SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYI			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATIN ELECTRONIC COMMUN	NICATION 3.	TEST REFUSED TEST GIVEN, CON	TAMINATED	
	SIBLE IN		3 - FRONT - RIGHT SIDE 4 - DEPLO			ED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER	DEVICE (TEXTING, TYP DIALING)		PING,	NG, SAMPLE / UNUSABLE		
5 - NO A	5 - NO APPARENT INJURY		(MOTORCYCLE PASSENGER) 9- DEPLOYM			LICABLE (OHIO = D) MENT UNKNOWN 5 - M/C MOPED ONLY			5 - EXCEPT CLASS		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS		
INJ	INJURED TAKEN BY 5-SECOND-MIDDLE			9-DEPLUT	6 - NO VALID OL & CLASS B				6 - EXCEPT CLASS. & CLASS B BUS		4 - TALKING ON HAND-HE	LD	_D UNKNOWN		
	TRANSP EATED AT		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	E	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	- ΔN A	LCOHOL TES	ST TYPE	
2 - EMS			(MOTORCYCLE SIDE CAR) 8-THIRD = MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS	2.02.102	ELECTRONIC DEVICE	1-	NONE BLOOD		
	3 - PULICE		9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED			M - MOTORCYCLE 9 - LEARNER'S PER P - PASSENGER RESTRICTIONS		7 - OTHER DISTRACTION		3 - URINE				
CAE	10 - \$		10 - SLEEPER SECTION 4 - NOT APPLICABLE OF TRUCK CAB			N - TANKER 10 - LIMITED TO DAY						4 - BREATH "SIDE 5 - OTHER			
	1 - NONE USED 11 - PASSENGER IN OTHER		T	Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE			11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER		THE VEHICLE						
	(100 110 210 200)		1 - NOT TRA	TRAPPED S - SCHOOL BUS			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND		9 - OTHER / UNKNOWN		1 - NONE				
	3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED		3ED 11 11100211421111 011211020025			ICAL MEANS			CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION		2 - BL00D		
5 - CHIL	5 - CHILD RESTRAINT SYSTEM -		CARGO AREA 3 - FREED B'			Y - TANKER / HAZMAT CHANICAL MEANS			14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER		
6 - CHIL	FORWARD FACING 6 - CHILD RESTRAINT SYSTEM –		STEM _ 14 - RIDING ON VEHICLE EXTERIOR						15 - MOTOR VEHICLE AIR BRAKES	ES WITHOUT					
	REAR FACING		(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRROR		4- ILLNESS		DRUG TEST RESULT(S) 1-AMPHETAMINES		
	7 - BOOSTER SEAT 8 - HELMET USED		99 - OTHER / UNKNOWN						17 - PROSTHETIC AID		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES		
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		DS USED						18 - OTHER		6- UNDER THE INFLUENCE	E ,	BENZODIAZEPIN CANNABINOIDS	ΕŚ	
10 - REF	10 - REFLECTIVE CLOTHING									OF MEDICATIONS / DRUGS / ALCOHOL		5 -	5 - COCAINE		
	II - LIGHTING - PEDESTRIAN / BICYCLE ONLY									9- OTHER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER			
	99 - OTHER / UNKNOWN											NEGATIVE RESU	LTS		

Ũ	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM							2023		O O 5	9 5	3			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE		DATE OF BIRTH AGE GENDER										
	02	MANNING, SCARLETT						0 6 / 2	9 / 2 0	_2 _0	2	F			
OCCUPAN		SS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
			ASKALA , OH 430	T			<u> </u>	<u> </u>	<u> </u>						
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	_					
5							0 5			1	1	1			
ı	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
Į	ADDRESS:	STREET CITY	STATE, ZIP		CONTACT PHONE	- INCLUDE AREA COL	⊥								
OCCUPAN		S: STREET, CITY, STATE, ZIP													
8	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
		TAKEN BY				MC HELMET									
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE		DATE OF BIRTH AGE GEND										
PAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN		I	T =				T		<u> </u>	<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			
5											10-				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE							
L N	ADDRESS:	DRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN		STACE, OTT, STATE, ZIP							1 1						
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY					USED	MC HELMET							
		INJL	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA		DIOUS IN HIDY	1 - NONE US VEHICLE	ED - COCCUPANT	1 - NOT DEPLOYER									
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - CHILD RE			DER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SII 4 - SECOND - LEFT SI					2 - DEPLOYED FRONT 3 - DEPLOYED SIDE						
								4 - DEPLOYED BOTH							
				ER & LAP BELT USED	(MOT	ORCYCLE PASS		FRONT/SIDE							
ı				ESTRAINT SYSTEM – 5 - SECOND – MIDDLE D FACING 6 - SECOND – RIGHT :			DE	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN							
		TRANSPOR	TED		ESTRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE	0.4.0.)							
	/TREATED AT SCENE REAR FACE 2 - EMS 7 - BOOSTER				CAR) EJECTION 1 - NOT EJECTED			0 N							
	2 - EMS 7 - B00STER 3 - POLICE 8 - HELMET					D – RIGHT SIDE			LY EJECTED						
				TIVE PADS USED		PER SECTION (ENGER IN OTH		Y EJECTED	EJECTED						
				KNEES, ETC.)	CARG	O AREA (NON-TI	RAILING UNIT,	4 - NOT APPLICABLE							
					TIVE CLOTHING G – PEDESTRIAN	NCLOSED	TRAPPED								
					I ARGII AREA				1 - NOTTRAPPED						
					UNKNOWN	14 - RIDING ON VEHICLE (NON-TRAILING UNIT)		EXTERIOR	2 - EXTRICATED BY MECHANICA MEANS			CAL			
							MOTORIST			BY NON-ME	CHANIC	AL			
						99 - OTHE	R/UNKNOWN		MEANS						
SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS:	: STREET, CITY,	STATE 71P					CONTACT PHONE	- INCLUDE AREA COL	TE L					
×	ADDICESS	. 011(221, 0111,	31812, 211						I I	1 1	1 1				
2	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
VESS										<u></u>					
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE					
5	NAME	OF PIPOP	15						E OF PART.		405	OF WEST			
SS	NAME: LAS	ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI			<u> </u>			
3															