OF PUBLIC SAFETY TRAFFIC CRASH	<b>KEPORT</b> *DENOTES MA	ANDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	OCAL REPORT NUMBE	6 2 2 9						
PHOTOS TAKEN OH-2 NOH-3 OH-1P OTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR											
	REPORTING AGENCY NAME*  Heath PD	NCIC* 4 5 0 7	1 - SOLVED	98 - ANIMAL 99 - UNKNOWN								
COUNTY* LOCALITY* LOCATION: CITY		CRASH DATE / TIME * CRASH SEVERITY										
4 5 1 2-VILLAGE HEATH	0.6012023 1405 2 - SERIOUS INJURY SUSPECTED											
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROAD TYPE	(\$1000) 4000 (\$1000) \$1000 (\$1000)	9254276-19-04A-4750217-050-0	3 - MINOR INJURY								
	HOPEWELL REFERENCE ROAD NAME (ROAD,	MILEBOOT HOHEE #)	D R	LONGITUDE DE		SUSPECTED 4 - INJURY POSSIBLE						
2 - SOUTH 3 - EAST	HEBRON	, WILEPUS I, HOUSE #)	ROADITIE	-82 <sub>.4</sub> 28		5 - PROPERTY DAMAGE						
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELAT	ONLY ED						
1-NORIII	INTERSTATE ROUTE(TP) AL	- ALLEY HW- HIGHWAY F	RD - ROAD		RSECTION OR ON APPR							
3- HOUSE # 3- EAST	I EDERAL OS ROOTE		SQ - SQUARE ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES								
	NUMBERED COUNTY ROUTE CR		ΓΕ - TERRACE ΓL - TRAIL									
1 - MILES TR -	NUMBERED TOWNSHIP DR	WA - WAY	ROADWAY DIVIDED									
2 3 / 2 3 - YARDS	HE	- HEIGHTS PL - PLACE										
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER		INER OF CRASH COLLISION/IMPA COLLISION 4 - REAR-TO-REAR	CT	DIRECTION OF TRAVE 1 - NORTH	OI VIII VIII VIII VIII VIII VIII VIII V	I <b>AN TYPE</b> ) FLUSH MEDIAN						
0 1 2 - ON SHOULDER 10 - DRIVEWAY/	TWO	WEEN 5-BACKING OMOTOR (ANGLE		2-SOUTH	( < 4 FEI	( < 4 FEET )						
4 - ON ROADSIDE 12-SHARED US	O VARIA DE AVIOCAMENTO	HICLES IN 6-ANGLE NSPORT 7-SIDESWIPE, SAMI	E DIRECTION	3 - EAST 4 - WEST	( ≥4 FEE	16YC ()						
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REA 3 - HEA	*			3 - DIVIDED, DEPRESSED M 4 - DIVIDED, RAISED MEDI							
7 - ON RAMP 14-TOLL BOOTH	1				(ANY TYPE) 9 - OTHER/UNKNOWN							
G- OI FRAMI	WORK ZONE TYPE	LOCATION OF CRASH IN WO	DK 70NE	CONTOUR	CONDITIONS	SURFACE						
	ANE CLOSURE	1 - BEFORE THE 1ST		.1	. 1	2						
] _   3.1	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNIN	IG AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE						
	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA	<b>4</b> -	2 - STRAIGHT GRADE	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS,						
	OTHER	5 - TERMINATION AR	EA	3 - CURVE LEVEL 4 - CURVE GRADE	ASPHALT							
LIGHT CONDITION	WEATH	ER		9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,						
1 - DAYLIGHT <b>1</b> 2 - DAWN/DUSK	1 - CLEAR <b>01</b> 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS		OIL, GRAVEL  6 - WATER (STANDING,	STONE							
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DIRT			MOVING)	5 - DIRT 9 - OTHER/UNKNOWN						
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN	ING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	3. 3. n. n. s.						
9-OTHER/UNKNOWN												
NARRATIVE	OUND ON HODEW	- "   '   '   '				Indicate the north direction with						
UNIT 1 WAS HEADED WESTB DR. STOPPED IN TRAFFIC. U					1 4	an "N" on the compass diagram.						
LEFT FROM PRIVATE DRIVE				ScenePD ™ - Evaluation Edition								
HOPEWELL DR. AND STRUCK			Evaluation uation Edition	Edition	Evaluation Ed	lition						
			Evaluation	Evaluation Edition	Evaluation Edition Edition							
		SR 79/HEBRON	Nation Edition	T A	Evaluation Edition 57	lition						
			Evaluation Edition No. 1 To Scale									
		Evaluation Edition	Evaluation Edition Windo MOO GO CAR WASH 9 Unit 1 COLIGHI IN Foreign Edition COLIGHI IN Foreign Edition									
		PRIVATE	Evaluation	Evaluation Edition  PRIVATE DRIVE	EBRON RD							
		Evaluation Edition	分	Evaluation	Evaluation Ed Evaluation Edition	lition						
		Evaluation Edition	Evaluation Edition	Evaluation Edition		-						
		Evaluation Edition		Evaluation Edition	Evaluation Ed Evaluation Edition	lition						
		Evaluation Edition	Evaluation uation Edition	Evaluation Edition Edition								
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	DATE/TIME	REPORT TAKEN BY						
The second of th	12023 1417	CAPARAGE AND	·	6012023	Notes and the state of the stat	White District and Address of the						
TOTAL TIME OTHER TOTAL		l c,	HECKED BY OFFI	CER'S NAME*		MOTORIST						
ROADWAY CLOSED INVESTIGATION TIME MINUTI	Ramage	larkley			SUPPLEMENT (CORRECTION OR ADDITION							
3,2	O OFFICER'S BA	DGE NUMBER*  1 3 1	O CHECKED	OFFICER'S BADGE N	IUMBER*  7	TO AN EXISTING REPORT SENT TO ODPS)						

47 - MAILBOX

49 - FIRE HYDRANT

48 - TREE

54 - OTHER FIXED OBJECT

99 - OTHER / LINKNOWN

POSTED SPEED

ì

41 - OTHER POST, POLE

OR SUPPORT

■ MOST HARMFUL EVENT

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

☐ FIRST HARMFUL EVENT

1 29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

\_1

36 - MEDIAN OTHER BARRIER

3 - UNDETERMINED

OHIO DEF OF PUBLI SAFETY - SERVI	CHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 0 6 2 2 9											
UNIT #									DATE OF BIRTH					AGE	GENDER			
0 1	DALTON, KATHERINE M						1 2 / 1 9 / 1 9 6 4 5 8 F											
	ADDRESS: STREET, CITY, STATE, ZIP  L340 MOODY RD BLUE ROCK, OH 43720  L340 MOODY RD BLUE ROCK, OH 43720																	
INJURIES	IES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN							EQUIPMENT		F-COMPLIA	SEATIN	IG POSITION	N AIR BAG	USAGE	EJECTION	TRAPPED		
5	TAKEN BY	<u> </u>						USED	0 4	DOT-COMPLIANT O 4				_1	1 1 1			
INJURIES  OL STATE  O H	IE OPERATOR LICENSE NUMBER			OFFENS	OFFENSE CHARGED LOCAL CODE			OFFE	NSE DESC	RIPTION				CITAT	CITATION NUMBER			
									N ALCOHOL TEST				PDUO TECT(C)					
OL CLASS	SELECT UP TO 2			TRACTED		E <b>CTED</b> RIJUANA	CONDITION					STATUS TYPE RESULT SELECT UP TO 4						
_ 4		1		1 OTHER DRUG			1 1		_1	1	• 📖		1	1		لــالــالــ		
UNIT #	NAME: LAST, F											ATE OF				AGE	GENDER	
0 2	SHANER,	RICHARD D											JDE AREA C	3  8	_8	_5	M	
Ħ		E THORNVILLE, OH	43076							CONTA	O I	NE - INGLI	JDE AREA C	, <b>6</b>				
INJURIES		EMS AGENCY (NAME)		INJURED					EQUIPMENT	T DOT-COMPLIANT SEATING POSITION			IG POSITION	N AIR BAG USAGE EJECTION TRAPPE			TRAPPED	
5	IAKEN BY						USED L	0 4	MC HELMET 0 1			_ 1	1		1	_1		
OL STATE	OPERATOR L	TOR LICENSE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFENSE DESCRIPTION			I				ITATION NUMBER				
O H	ENDORSEMENT			L '		X	331.	22		VI CUHU	L TEST		2156	215617 DRUG TEST(S)				
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED		DHOL / DRUG SUSPE LCOHOL   MAF	RIJUANA			STATUS	TYPE	VAL	.UE	STATUS	TYPE		SELECT UP TO 4	
_4		0 3		9	07	THER DRUG			<u> </u>	1	1			1	1			
UNIT #	# NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDE									
ADDRESS:	RESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE									
	ADDRESS: STREET, GITT, STATE, ZIP									CONTA		INC.	IDE AREA C	UDE.				
INJURIES	INJURED   EMS AGENCY (NAME)   INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY)   SAFETY EQUIPMEN					EQUIPMENT		T-COMPLIA	SEATIN	IG POSITION	N AIR BAG	USAGE	EJECTION	TRAPPED				
ADDRESS:  ADDRESS:  INJURIES  OL STATE	TAKEN BY					USED		MC HELMET			1							
OL STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHARGED LOCAL CODE			OFFE	NSE DESC	RIPTION				CITATION NUMBER						
OL CLASS	ENDORSEMENT				ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4						
	SELECT OF 10 2					IJUANA		STATUS TYPE VALUE			THE RESULT SELECTION							
INJU	RIES	SEATING POSITION	L	IR BAG	<b>□</b> 0	THER DRUG OL CLASS	s	OL	RESTRIC	TION(S)		• LLL	ISTRACI	TION	TE	ST STA	TUS	
1 - FATAL		1 - FRONT - LEFT SIDE	1 - NOT DEP	LOYED 1 - CLASS A			1 - ALCOHOL INTERLOCK DEVICE			and the same	1 - NOT DISTRACTED			1 - NONE GIVEN				
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY	2 FRONT MIDDLE		ED FRONT 2 - CLASS B ED SIDE 3 - CLASS C			2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES				2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION			2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED				
4 - POSSIBLE IN	2 FRONT DICHT CIDE			ED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER				DEVICE (TEXTING, TYPING, DIALING)			SAMPLE / UNUSABLE				
5 - NO APPAREN	4 SECOND LEET SIDE		5 - NOT APP	E M/C MODED ONLY			5 - EXCEPT CLASS A BUS				3 - TALKING ON HANDS-FREE			4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS				
INJURED	RED TAKEN BY 5-SECOND - MIDDLE			WENT UNKNOWN 5- EXCEPT C				CEPT CLASS A	JS 4-TALKING ON HAND-HI CTOR-TRAILER COMMUNICATION DE				02	UNKNO		UEIO		
1 - NOT TRANSP				7 - EXCEPT TRACT  OL ENDORSEMENT O INTERMEDIATE  O INTERMEDIATE									ALCOHOL TEST TYPE					
2 - EMS	(MOTORCYCLE SIDE CAR) 1 - NOT EJE					8 - INTERMEDIATE LICENSE RESTRICTIONS				5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			1 - NONE					
3 - POLICE	O TUIDD DICUT CIDE		LY EJECTED M - MOTORCYCLE			9 - LEARNER'S PERMIT RESTRICTIONS				6 - PASSENGER			2 - BLOOD 3 - URINE					
9-OTHER/UNK	10 - SLEEPER SECTION 4 - NOT APP		EJECTED P - PASSENGER LICABLE N - TANKER			10 - LIMITED TO DAYLIGHT ONLY				7 - OTHER DISTRACTION INSIDE THE VEHICLE			4 - BREATH					
1 - NONE USED	Y EQUIPMENT  OF TRUCK CAB			Q - MOTOR SCOOTER 11 - LIMITED TO EM			THE VEHICLE				UTSIDE	TSIDE 5 - OTHER						
2 - SHOULDER B	ULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAPP			PPED S - SCHOOL BUS 13 - M			13 - ME	13 - MECHANICAL DEVICES						DRUG TEST TYPE 1-NONE				
	- LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRIC - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHA		VICAL MEANS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)			CONDITION			2 - BL00D						
5 - CHILD REST	5 - CHILD RESTRAINT SYSTEM - CARGO AREA		3 - FREED BY NON-MECHANICAL MEANS			X - TANKER / HAZMAT		14 - MILITARY VEHIC 15 - MOTOR VEHICLE AIR BRAKES				1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT			3 - URINE 4 - OTHER			
6 - CHILD REST	- CHILD RESTRAINT SYSTEM _ 14 - RIDING ON VEHICLE EXTERIOR									S WITHOUT 3		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		SSED,	DRUG TEST RESULT(S)			
	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST						16 - OU	TSIDE MIRRO					1-AMPHETAMINES					
	3 - HELMET USED 99 - OTHER / UNKNOWN							17 - PROSTHETIC AID				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES			
	9 - PROTECTIVE PADS USED							18 - OTHER			6-1	6- UNDER THE INFLUENCE			3 - BENZODIAZEPINES 4 - CANNABINOIDS			
	(ELBOW, KNEES, ETC.) - REFLECTIVE CLOTHING											OF MEDICATIONS / DRUGS / ALCOHOL			5 - COCAINE			
11 - LIGHTING - F	LIGHTING - PEDESTRIAN											9- OTHER / UNKNOWN			6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTHER / UNK															8 - NEGATIVE RESULTS			