OF PUBLIC SAFETY TRAFFIC CRASH	<b>KEPORT</b> *DENOTES MANDATORY LOCAL INFORMATION	FIELD FOR SUPPLEMENT REPORT	2023-	OCAL REPORT NUMBER	3 9 4					
PHOTOS TAKEN OH-2 NOH-3 OH-3	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR									
SECONDARY CRASH PRIVATE PROPERTY	1 - SOLVED 0 3 98 - ANIMAL 2 - UNSOLVED 0 3 99 - UNKNOWN									
COUNTY* LOCALITY* 1-CITY 4 5 1 2-VILLAGE HFATH	CRASH DATE / TIME * CRASH SEVERITY									
3-TOWNSHIP	0.6052023 1110 2 - SERIOUS INJURY SUSPECTED									
S R 7 9 PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROAD TYPE	4 0 0 3 7 8 8 5 3-MINOR INJURY								
— — — — — — — — — — — — — — — — — — —	REFERENCE ROAD NAME (ROAD, MILEPOS	T, HOUSE #) ROAD TYPE			SUSPECTED INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	540 Hebron Rd			939 5.	PROPERTY DAMAGE					
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE		NTERSECTION RELATED						
2 MILE POST 2 COUTU	INTERSTATE ROUTE(TP)  AL - ALLEY  AV - AVENUE	HW-HIGHWAY RD-ROAD LA-LANE SQ-SQUARE	WITHIN INTER	RSECTION OR ON APPROAG						
3-HOUSE # L 3-EAST	STATE ROUTE BL - BOULEVA	ARD MP-MILEPOST ST-STREET	WITHIN INTER	RCHANGE AREA NUMI	ER OF APPROACHES					
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CR - CIRCLE CT - COURT	OV - OVAL TE - TERRACE PK - PARKWAY TL - TRAIL	ROADWAY							
2-FEET	NUMBERED TOWNSHIP ROUTE  DR - DRIVE HE - HEIGHTS	PI - PIKE WA - WAY  PL - PLACE	ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVEN		RASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN	TYPE					
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT COLLISIO	N 4-REAR-TO-REAR	_ 1-NORTH	_ 1 - DIVIDED FL	_USH MEDIAN					
3 - IN MEDIAN 11 - RAILWAY G	RADE CROSSING TWO MOTOR VEHICLES IN	5 - BACKING 6 - ANGLE	2-SOUTH 3-EAST	4 (<4 FEET 2 - DIVIDED FL	_USH MEDIAN					
4 - ON ROADSIDE 12 - SHARED U 5 - ON GORE TRAILS	SE PATHS OR TRANSPORT  2 - REAR-END	7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION	4 - WEST	(≥4 FEET 3 - DIVIDED, D	PRESSED MEDIAN					
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 7 - ON RAMP 14 - TOLL BOOT	J-HEAD-ON	9-OTHER/UNKNOWN		4 - DIVIDED, R (ANY TYPE	AISED MEDIAN )					
8-OFFRAMP 99-OTHER/U	IKNOWN			9 - OTHER/UNI	KNOWN					
☐ WORK ZONE RELATED	WORK ZONE TYPE LOCAL LANE CLOSURE	ATION OF CRASH IN WORK ZONE  1 - BEFORE THE 1ST WORK ZONE	CONTOUR	CONDITIONS	SURFACE					
WORKERS PRESENT 2-	LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNING AREA	1 . CTPAIGHT   EVEL		2					
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA	1 - STRAIGHT LEVEL   1 - DRY   1 - CONCRETI 2 - STRAIGHT GRADE   2 - WET   2 - BLACKTO							
l — I	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION AREA	3 - CURVE LEVEL	BITUMINOUS, ASPHALT						
LIGHT CONDITION	WEATHER			4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK					
1 - DAYLIGHT	1 - CLEAR 6 - SNO			OIL, GRAVEL STONE						
2 - DAW N/DUSK 3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE 8 - BLOV			MOVING)	5 - DIRT 9 - OTHER/UNKNOWN					
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	The second of th	EZING RAIN OR FREEZING DRIZZLE IER / UNKNOWN		7 - SLUSH 9 - OTHER/UNKNOWN	7 - OTHER ONKINOWIN					
9-OTHER/UNKNOWN										
NARRATIVE  Unit 1 was traveling north o	n CD 70 in the left lane	-			Indicate the north direction with					
Unit 1 stopped for traffic bed		-			T an "N" on the compass diagram.					
Hopewell Dr. Unit 2 stopped	_	Evaluati	ScenePD ™ - Evaluation Edition  Evaluation Edition		_					
was traveling north on SR 79	in the left lane. Unit 3	Evaluation Edition Evaluation Edition	/	Evaluation Edition						
did not stop and struck the r	ear of Unit 2. Unit 2 was	S Evaluation Evaluation	Evaluation Edition	Atton /	_					
pushed forward into Unit 1.		Evaluation Edition	Evaluation Edition Edition							
		Not To Scale  Evaluation Edition  Evaluation Edition	n Section	7 7						
		<del></del>	Evoluation E	Evaluation Edition dition						
		Evaluation Edition  Evaluation Edition		Evaluation Edition						
		Evaluation	Evaluation Edition	Evaluation Edition Arby's 580 Hebron Rd.	·					
		Evaluation Edition  Evaluation Edition		Evaluation Edition						
		Evaluation Edition	Evaluation E Evaluation Edition	шил						
ODACH DEDOCTED DATE (TTTT	DICPATCH DATE (TIME	Evaluation Edition	Trancite (877) 908-4777	ATE / TIME	DODITALEN SY					
Superior of the Assessment Continues of the Superior of the Su	DISPATCH DATE / TIME	ARRIVAL DATE / TIME 5 2 0 2 3 1 1 1 8 0	SCENE CLEARED D	N N	PORT TAKEN BY POLICE AGENCY					
TOTAL TIME OTHER TOTAL		CHECKED BY OFF		1 1 1 1 1 1	MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINUT	Peterson	Hunt			SUPPLEMENT (CORRECTION OR ADDITION					
	O 7 - 1	4 5 0 CHECKED 7	BY OFFICER'S BADGE N	3 0	TO AN EXISTING REPORT SENT TO ODPS)					

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

99 - OTHER / LINKNOWN

3

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

BARRIER

1

36 - MEDIAN OTHER BARRIER

OR SUPPORT

■ MOST HARMFUL EVENT

49 - FIRE HYDRANT

OHIO DE OF PUBL	PARTMENT LIC SAFETY VICE - PROTECTION	OTORIST / No	N-M	Іото	RIS	Т			2 0	2		O O	ORT NU	_	_	4
UNIT #	NAME: LAST, F	FIRST, MIDDLE									DATE OF B	IRTH		<u> </u>	AGE	GENDER
01	FOGARTY	Y, VICKIE JEAN							0 9	/ 2	2 4 /	1 9	5	5	6 7	F
ADDRESS	: STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLU	DE AREA CO	DDE	_		
591 DE	ER TRAIL I	DR THORNVILLE, OH	43076													
2	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED		-Compli	ANT	POSITION		G USAGE		
5	BY							0 4		HELME	Τ 0	1	1		1	_1
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	CODE	OFFENSE DESC	RIPTION				CITA	TION	NUMBER	
O H OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRIV	VFR	ALC	DHOL / DRUG SUSPI	ECTED	CONDITION		ALCOH	OL TEST			DRU	G TEST(S	)
OL GLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED		LCOHOL MAI		CONDITION	STATUS		VALU	JE S	STATUS	TYPI		SELECT UP TO 4
4				1	0	THER DRUG		1	_1	1	•		1	1		
UNIT #	NAME: LAST, F	FIRST, MIDDLE									DATE OF B	IRTH			AGE	GENDER
0 2 JONES, ELIZABETH ROSE  ADDRESS: STREET, CITY, STATE, ZIP							0 7 / 0 1 / 1 9 8					4 3 8 F				
		•	2022						CONTA	CT PHO	NE - INCLUI	DE AREA CO	DE	_	_	
0		OR GRANVILLE, OH 4 EMS AGENCY (NAME)	3023	LINIUBER	TAKENTO	: MEDICAL FACILITY		SAFETY EQUIPMENT			CEATING	POSITION	AID DA	O HICAGE	FIFATION	TRADDED
INJURIES	TAKEN BY	EWS AGENCY (NAME)		INJUKED	TAKENTO	: WEDICAL FACILITY	(NAME, CITY)	USED 0 4		T-COMPLIA	ANT	G POSITION <b>1</b>	AIR BA	G USAGE	E EJECTION 1	TRAPPED .
OL STATE		ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION	 I			ــــــــــــــــــــــــــــــــــــــ	TION N	UMBER	
о н							CODE									
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALC	DHOL / DRUG SUSPI	ECTED	CONDITION	STATUS		OL TEST VALU	ır I	STATUS		G TEST(S	
	SELECT UP TO 2		BY	TRACTED		LCOHOL MAI	RIJUANA	1		_	VALO	´  `		1 TYPI	KESUL	SELECT UP TO 4
4				1	0	THER DRUG			1	1	•		1	_	_	
UNIT #	NAME: LAST, F	•							0.2		DATE OF B		0		AGE	GENDER
	STREET, CITY, ST	AATTIE JOETTA							O 3		NE - INCLUI			4	2 9	
2		DR APT. 11 NEWAR	к он 43	3055					CONTA		INE - INCLUI	JE AREA CO	. E			
9	INJURED	EMS AGENCY (NAME)			TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEATING	G POSITION	AIR BA	G USAGE	EJECTION	TRAPPED
NON 5	TAKEN BY							USED 0 4		F-COMPLIA HELME		1	1		<b>1</b> 1	1
OL STATE	OL STATE OPERATOR LICENSE NUMBER		OFFEN				OFFENSE DESC	CRIPTION		CITATION NUMBER						
E O H				333.0	333.03 CODE 333.03			333.03					214899			
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	VER Tracted		DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS		OL TEST VALU	JE S	STATUS	TYP!	E RESULT	SELECT UP TO 4
. 4			BY	1		THER DRUG	TIJUANA	1 ,	, <b>1</b> ,	, 1		, 1	1	, 1		
INJU	JRIES	SEATING POSITION	A	IR BAG		OL CLAS	S	OL RESTRIC	TION(S)	D	RIVER DI	STRACT	ION		TEST STA	TUS
1 - FATAL	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			NOT DISTRA		: AN		NE GIVEN	
	MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOYE				3 - CORRECTIVE LENSES		ELECTRONIC COMMU DEVICE (TEXTING, TY		COMMUNI	ICATION 3 - TEST GIVEN, CO		ST GIVEN, CON		
4 - POSSIBLE II 5 - NO APPAREI		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOT APP		ONT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A DIIC		DIALING)				MPLE / UNUSA ST GIVEN, RES	ABLE SULTS KNOWN
		(MOTORCYCLE PASSENGER)  5 - SECOND – MIDDLE	9 - DEPLOYI		OWN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		3 -	TALKING ON COMMUNICA			5 - TES	ST GIVEN, RES	
1 - NOT TRANSF	TAKEN BY PORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER		TALKING ON COMMUNICA				OHOL TE	ET TVDE
/TREATED A	AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	ECTION		OL ENDORSEI H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS			OTHER ACTIV		AN	1 - NO		STITTE
3 - POLICE		8 - THIRD - MIDDLE	2 - PARTIAL		ı	M - MOTORCYCLE		9 - LEARNER'S PER	RMIT	6-	PASSENGER			2 - BL0		
9 - OTHER / UNI	KNOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	'LIGHT ONL'		OTHER DIST			3 - UR: 4 - BRI		
SAFETY E	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EM	PLOYMENT		OTHER DIST		UTSIDE	5 - OTI	HER	
1 - NONE USED 2 - SHOULDER I	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	PPED PPED		R - THREE-WHEEL MC	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D		9-	OTHER / UNK			Maria Cara Cara Cara Cara Cara Cara Cara	RUG TEST	TYPE
3 - LAP BELT OF		PICK-UP WITH CAP)	2 - EXTRICA	TED BY	•	S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR O	ES, HAND		COND	ITION		1 - NOI 2 - BLO		
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED B	IICAL MEAN: Y	•	X - TANKER / HAZMAT		ADAPTIVE DEVI	CES)		APPARENTLY			3 - UR	INE	
5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR		NON-MEC	CHANICAL M	15 - MOTOR				ITARY VEHICLES ONLY  2 - PHYSICAL IMPAIRM  OR VEHICLES WITHOUT  3 - EMOTIONAL (E.G., DI		(E.G., DEPRE	PRESSED,					
REAR FACIN	IG	(NON-TRAILING UNIT)						AIR BRAKES 16 - OUTSIDE MIRRO	ıR		ANGRY, DISTURI	BED)			G TEST RE	ESULT(S)
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AII		5-	FELL ASLEEF				RBITURATES	
9 - PROTECTIVI	E PADS USED							18 - OTHER		6-	FATIGUED, ET UNDER THE I	NFLUENCE			NZODIAZEPIN NNABINOIDS	ES
(ELBOW, KN 10 - REFLECTIVI											OF MEDICATI / ALCOHOL	ONS / DRUG	SS	5 - CO		
11 - LIGHTING - / BICYCLE 0										9-	OTHER / UNK	NOWN			IATES / OPIOID	)\$
/ BICYCLE ONLY 99 - OTHER / UNKNOWN													7 - OTHER 8 - NEGATIVE RESULTS			

V	OCCUPANT / WITNESS ADDENDUM							2023		0 0 6	3 9	4			
UNIT # NAME: LAST, FIRST, MIDDLE								DATI	OF BIRTH		AGE	GENDER			
	02 JONES, MATILDA ELOISE								0 4 / 0 9 / 2 0 2 0 3 F						
NV	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN	115 LL <i>A</i>	ANBERIS	DR GRANVILLE, O												
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	_5	ВУ					0 5	MC HELMET	0 6	1	1	_1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATI	OF BIRTH		AGE	GENDER			
	03	BOUSH	EHRI, DAYONTE L					0 8 / 2	1 / 2 0	_ <b>1_7</b>	5	M			
CCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
			K DR APT. 11 NEW	/ARK, OH 43											
		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE		TRAPPED			
٤	_ 5						0 5		0 6	1 .	1	_1			
	UNIT #		T, FIRST, MIDDLE						OF BIRTH		AGE	GENDER			
	03		EHRI, DANIEL S					0 1 / 3 (			4	M			
OCCUPAN		STREET, CITY,		/ABK 6:: :=				CONTACT PHONE	- INCLUDE AREA CO	DE _					
		INJURED	K DR APT. 11 NEW	AKK, UH 43	1055 INJURED TAKEN TO: MEDICAL FACILI	TV (NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR PAG HEACE	FJECTION	TRAPPED			
	, <b>5</b> ,	TAKEN BY	AGENOT (NAIME)		MISSINGS TAKER TO, MEDICAL PACILI	(NAME, OIT)	USED   O   5	DOT-COMPLIANT MC HELMET	O 4	1	1	1			
5	UNIT #	NAMELIAS	T, FIRST, MIDDLE				0 3		OF BIRTH	<del>-    </del>	AGE	GENDER			
	ON11 #	MAIVIE: LAS	I, I ING I, WILDULE					DAII	- AL DIKIN		AUE	GLUDEK			
Ż	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN									AND						
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)		207.0	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	TAKEN BY				USED	DOT-COMPLIANT MC HELMET			1 1	r i					
Ī		INJU	RIES	SAFET	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA	AL.		1 - NONE US			IT – LEFT SIDE ORCYCLE DRIV								
	2 - SUSPECTED SERIOUS INJURY  VEHICLE				ER BELT ONLY USED	EK)	2 - DEPLO	PLOYED FRONT							
	3 - SUSPECTED MINUR INJURY			ΓONLY USED		'ED SIDE									
4 - POSSIBLE INJURY				ER & LAP BELT USED 4 - SECOND – LEFT (MOTORCYCLE F				4 - DEPLOYED BOTH FRONT/SIDE							
5 - CHILD R					ESTRAINT SYSTEM -		ND – MIDDLE		5 - NOT APPLICABLE						
i			TAKEN BY	FORWARI	ESTRAINT SYSTEM –		ND – RIGHT SII D – LEFT SIDE	DE	9 - DEPLOYMENT UNKNOWN						
	1 - NOT TRANSPORTED 6 - CHILD R /TREATED AT SCENE REAR FA					(MOT	ORCYCLE SIDE	CAR)		EJECTI	0 N				
2 - EMS 7 - B00STER				SEAT		D – MIDDLE D – RIGHT SIDE	-	1 - NOT EJ	- NOT EJECTED						
3 - POLICE 8 - HELMET						PER SECTION (		2 - PARTIA	LLY EJECT	ED					
, otherwise the				IVE PADS USED KNEES, ETC.)		ENGER IN OTH			Y EJECTED						
	10 - REFLECT				IVE CLOTHING	P) ,	4 - NOT APPLICABLE								
					G – PEDESTRIAN		ENGER IN UNE O AREA	NCLOSED	TRAPPED						
							LING UNIT		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL			2Δ1			
	77 - UTILK/			JIN KINO WIN	NG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS			JAL .					
							MOTORIST		3 - FREED MEANS	BY NON-ME	CHANICA	AL			
						99 - OTHE	R/UNKNOWN								
SS	NAME: LAS	ST, FIRST, MIDD	LE					DATI	OF BIRTH		AGE	GENDER			
WITNESS	ANNDESS.	: STREET, CITY,	STATE 7ID					CONTACT PHONE	- INCLUDE AREA COL						
₹	unicoo:	. OTREE1, 611 Y,	VIOLE, 611					JULIANI FIINKE	I I	1 1					
5	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ESS								J. J							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
										<u> </u>					
S	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER								
WITNESS	ADDDESS, CTREET CITY CTATE 71D														
Ę	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA COI	DE					