OF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT										LOCAL REPORT NUMBER* 2 0 2 3 - 0 0 0 0 6 4 0 4						
OH-2 NOH-3 LOCAL INFORMATION										- 00	0 0 6	404				
OH-1P OTHER REPORTING AGENCY NAME*								NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF		UNIT IN ERROR				
PRIVATE PROPERTY HEALTH PD							0 4	507	2 - UNSOLVEI							
COUNTY* LOCALITY*		CRASH DATE / TIME* CRASH SEVER!														
3.	NODTH	0.6052023, 1531, 5 2-SERIOUS INJURY														
ROUTE TYPE ROUTE NUMBER PREFIX 1- NORTH 2- SOUTH 3- EAST RIDGELY TRACT								ROAD TYPE	LATITUDE D	substantifica est substantingerin	3 -	SUSPECTED MINOR INJURY				
								R D	3,9,993		SUSPECTED					
ROUTE TYPE ROUTE NU	- SOUTH	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)					ROAD TYPE									
	<u> </u>	- EAST - WEST	HORNW	OOD				D R	- 8 4 8	2 6 0		ONLY				
REFERENCE POINT 1 - INTERSECTION	PROM REFERENCE	TU IR - IN	ROUTE TYP ITERSTATE ROL		AL - ALLEY	ROAD TYPE HW - HIGHWA		O - ROAD	FI	INTERSECTION		rt.				
2 - MILE POST 3 - HOUSE #	2 - MILE POST 2 - SOUTH US - FEDERAL US ROUTE AV - AVENUE							- SQUARE	WITHIN INTE	RSECTION OR	UN APPRUA	3 3				
<u>. wante no construction and constructio</u>	4 - WEST SR - STATE ROUTE CR - CIRCLE OV - OVAL							- STREET - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FROM REFERENCE	M REFERENCE UNIT OF MEASURE TO A NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY TL - TRA								ROADWAY							
	1 - MILES								ROADWAY DIVIDED							
LOCATION	N OF FIRST HARM			M	ANNER OF CRAS	H COLLISION	/IMPAC	т	DIRECTION OF TRAVEL MEDIAN TYPE							
1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION 4 - RE									1-NORTH	1	1 - DIVIDED FLUSH MEDIAN					
3 - IN MEDIAN	TWO MOTOR								2 - SOUTH 3 - EAST	₂	(< 4 FEET) 2 - DIVIDED FLUSH MEDIAN					
4 - ON ROADSIE 5 - ON GORE		SHARED USE FRAILS	PATHS OR	33.5		7 - SIDESWIPI 8 - SIDESWIPI			4 - WEST	3	(≥4 FEET - DIVIDED, D	FEET) DED, DEPRESSED MEDIAN				
6 - OUTSIDE TR	MILLOWAL	BIKE LANE FOLL BOOTH				9 - OTHER/UN	100			4	- DIVIDED, RAISED MEDIAN (ANY TYPE)					
7 - ON RAMP 8 - OFF RAMP		THER/UNK			KNOWN											
WORK ZONE RELAT	TED	,	WORK ZONE TY	PE	LOCATIO	N OF CRASH	IN WOR	RK ZONE	CONTOUR	SURFACE						
WORKERS PRESEN			NE CLOSURE	CCOVED	1	- BEFORE THE WARNING S		ORK ZONE	1	1	_1	2				
		3-W	ANE SHIFT/CRO: ORK ON SHOULI		14 249	- ADVANCE W	ARNING	G AREA	1 - STRAIGHT LEVEL	1 - DRY		1 - CONCRETE				
LAW ENFORCEMEN	NIPRESENI		: MEDIAN TERMITTENT o	R MOVING WO		- TRANSITION - ACTIVITY AF			2 - STRAIGHT GRADE			2 - BLACKTOP, BITUMINOUS,				
ACTIVE SCHOOL ZO	ONE	5 - OT		AT TOWN I MANUAL AT TO	28209	- TERMINATIO		A	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT					
LIGHT O	CONDITION			WEAT	HER		9 - OTHER/UNKNOWN 5 - SAND, I					UD, DIRT, 4 - SLAG, GRAVEL,				
1 - DAYLIGHT 1 2 - DAWN/DUSK			1 - CL		6 - SNOW	CROSSWINDS	2			OIL, GRAV	TANDING STONE					
2 - DAWN/DUSK 7 - SEVERE 3 - DARK - LIGHTED ROADWAY 2 - CLOUDY 7 - SEVERE 3 - FOG, SMOG, SMOKE 8 - BLOWIN								SNOW		MOVING)	5 - DIRT 9 - OTHER/UNKNOWI					
THE STATE OF THE PROPERTY OF T						NG RAIN OR F / UNKNOWN	REEZIN	NG DRIZZLE		7 - SLUSH 9 - OTHER/UN	UZNIOWNI	3 - OTHEROUNINOWN				
9-OTHER/UNK			47 N.C.		A7009 - 7574 LT A24429	11 27 853 CARLO CAR	***************************************			9-UINER/UI	AIKINO VEIN					
NARRATIVE						F. I.					A	Indicate the north				
Unit 1 was tra												an "N" on the compass diagram.				
was following					_				ScenePD ™ - Evaluation Edition		× × × × × × × × × × × × × × × × × × ×	compass diagram.				
for Thornwoo							Evaluat	Evaluation tion Edition	Evaluation Edition							
Unit 1 backed	up and s	truck U	init 2. U	nit 1 iem	tne	Evaluation Ed	iition		Evaluatio	Evaluation Edition	Evaluation Edition on					
scene.						Evaluation Ec	Evalua lition	Eraluation ion Edition	Evaluation Edition							
						F	Iwood Dr.	- 1	Evaluation Edition	Evaluation Editi Edition	Evaluation Edition on	_				
Evaluation Edition Evaluation Edition Unit 1 Unit 2 Evaluation Edition																
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CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARE							TIME		SCENE CLEARED	DATE/TIME	R	REPORT TAKEN BY				
06052023	1,531	0,6,0,5	2023	1537	0605	2023	15	5 4 0 0	605202	3 160	2 🗵	POLICE AGENCY				
TOTAL TIME	OTHER	TOTAL	OFFICER'		<u> </u>				CER'S NAME*		$\dashv \Box$	MOTORIST				
ROADWAY CLOSED INVI	ESTIGATION TIME	MINUTES	Pete			- de	Sn	nart			🗆	SUPPLEMENT (CORRECTION OR ADDITION				
	g 16 7		0	OFFICER'S I	BADGE NUMBER , 1	≀* 4 _, 5			BY OFFICER'S BADGE	NUMBER*	3	TO AN EXISTING REPORT SENT TO ODPS)				
							-			ļ						

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DEI OF PUBLI SAFETY - SERV	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST									2 0 2 3 - 0 0 0 0 6 4 0 4										
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Unknown,										DATE OF BIRTH AGE GENDER									
ADDRESS:	RESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED I	EMS AGENCY (NAME)	INJURED	NJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT					T DOT-COMPLIANT SEATING POSITION AIR					EJECTION	TRAPPED					
_5	BY					USE				MC HELMET 0 1				j	1	_1				
ADDRESS:	STATE OPERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL CODE				RIPTION				CITA	CITATION NUMBER						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED	_	DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS	ALCOHO TYPE		ALUE	STATUS		G TEST(S RESUL	T SELECT UP TO 4				
			L BY	9	=	THER DRUG	MISOAMA	9	1	1			1	1						
UNIT#	NAME: LAST, F	FIRST, MIDDLE	'						DATE OF BIRTH					AGE	GENDER					
0 2		URTNEY BETH							0 4 / 2 8 / 1 9 9 4 2 9 F											
ADDRESS:	STREET, CITY, ST.								CONTACT PHONE - INCLUDE AREA CODE											
260 N 2 INJURIES		EWARK, OH 43055 EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME.CITY)	SAFETY EQUIPMENT	T SEATING POSITION				ON AIR R	AIR BAG USAGE EJECTION TRAPPED						
5	TAKEN BY				U				DOT-COMPLIANT O 1			1		1	1					
OL STATE	E OPERATOR LICENSE NUMBER			OFFEN	OFFENSE CHARGED LOCAL OF				CRIPTION				CITA	CITATION NUMBER						
OH						CODE														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION	STATUS	ALCOHO TYPE		ALUE	STATUS		G TEST(S RESULT	T SELECT UP TO 4				
_4				1		THER DRUG		1	1	1			1	1						
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH						AGE	GENDER				
										CONTACT PHONE - INCLUDE AREA CODE										
ADDRESS:	STREET, CITY, ST.	ATE, ZIP							CONT	ACT PHO	NE - IN	CLUDE AREA	CODE							
INJURIES		EMS AGENCY (NAME)		INJURED 7	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEA	TING POSITI	ON AIR BA	AG USAGE	EJECTION	TRAPPED				
	TAKEN BY			USED						T-COMPLIA HELME	ANT									
OL STATE	OPERATOR L	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE				CRIPTION				CITA	CITATION NUMBER						
OL STATE	CLASS ENDORSEMENT RESTRICTION SELECT U			WED.		augi / paug guan		CONDITION		VI CUHU	COHOL TEST			npii	JG TEST(S)					
OL CLASS	CLASS ENDORSEMENT RESTRICTION SEL			ISTRACTED		HOL / DRUG SUSPECTED .COHOL MARIJUANA		CONDITION			ALUE STATUS				T SELECT UP TO 4					
					0	THER DRUG				ــــا	• 🗀									
INJU 1-FATAL	JRIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	AIR BAG		OL CLAS	S	OL RESTRIC 1-ALCOHOL INTER		essential process	NOT DIS	DISTRACTED	CTION		TEST STA VE GIVEN	TUS				
2 - SUSPECTED	TED SERIOUS INJURY (MOTORCYCLE DRIVER)		2 - DEPLOYED FRONT			2 - CLASS B	2 - CDL INTRASTAT			ELECTRONIC COMMUN				LICATION						
3 - SUSPECTED 4 - POSSIBLE IN	TED MINOR INJURY 2 - FRONT - MIDDLE FINILIRY 3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE 3 - CLASS C 4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULA			3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEXTING, TYPI										
	NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE (OHIO = D)					5 - EXCEPT CLASS	3 -	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS							
INJURED	URED TAKEN BY 5-SECOND-MIDDLE 9-D			DEPLOYMENT UNKNOWN 5 - W/C WUPED UNLT 6 - NO VALID OL					A		4 - TALKING ON HAND-HELD			UNKNOWN						
	STTRANSPORTED 6 - SECOND – RIGHT SIDE REATED AT SCENE 7 - THIRD – LEFT SIDE		EJECTION OL ENDORSEMENT					7 - EXCEPT TRACTO		COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN			ALCOHOL TEST TYPE							
2 - EMS	MS (MOTORCYCLE SIDE CAR)		1 - NOT EJE	CTED		H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE				1 - NONE 2 - BLOOD						
3 - POLICE 9 - OTHER / UNK	DLICE 8- HARD - MIDDLE THER / UNKNOWN 9- THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED M - MOTORCYCLE 3 - TOTALLY EJECTED P - PASSENGER					9 - LEARNER'S PER RESTRICTIONS		6 - PASSENGER 7 - OTHER DISTRACTION			3 - URINE							
	10 - SLEEPER SECTION 4-			- NOT APPLICABLE N - TANKER					10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT			INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE			4 - BREATH 5 - OTHER					
1 - NONE USED	11 DACCENCED IN OTHER			Q - MOTOR SCOOTER 11 - LIMITED RAPPED R - THREE-WHEEL MOTORCYCLE 12 - LIMITED					THE VEHICLE			OUTOIDE	DRUG TEST TYPE							
2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NO				NOTTRAPPED S - SCHOOL BUS EXTRICATED BY				13 - MECHANICAL D (SPECIAL BRAK	9-					1 - NONE						
4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		MECHAN	NICAL MEANS	3	T - DOUBLE & TRIPLETRAILERS CONTROLS, OR C X - TANKER / HAZMAT ADAPTIVE DEVI							2 - BLOOD 3 - URINE								
	FORWARD FACING 13-TRAILING UNIT		3 - FREED E NON-ME	SY CHANICAL M	EANS	14 - MILITARY VEH 15 - MOTOR VEHICL						L IMPAIRME	NT 4 - OTHER							
6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)					AIR BRAKE					3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			DRUG TEST RESULT(S)							
7 - BOOSTER SEAT 15 - NON-MOTORIST							16 - OUTSIDE MIRRO 17 - PROSTHETIC AII		4- ILLNESS 5- FELL ASLEEP, FAINTED,			:D	1 - AMPHETAMINES 2 - BARBITURATES							
	8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED							18 - OTHER		FATIGUED, ETC.			3 - BENZODIAZEPINES							
(ELBOW, KN	(ELBOW, KNEES, ETC.)									6- UNDERTHE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			4 - CANNABINOIDS 5 - COCAINE							
11 - LIGHTING - I	- REFLECTIVE CLOTHING - LIGHTING – PEDESTRIAN									9- OTHER / UNKNOWN			6 - OPIATES / OPIOIDS							
	/ BICYCLE ONLY OTHER / UNKNOWN													7 - 0TH 8 - NF0	IER GATIVE RESU	ITS				
														- 112						