OHIO DEPARTMENT OF PUBLIC SAFETY	RAFFIC C	RASH R	EPORT	*DENOTES M.	ANDATORY FI	ELD FOR SUPP	PLEMENT	REPORT			LOCAL REP	ORT NUMBE	R*			
OH-2 OH-3 LOCAL INFORMATION							2 0	23	0 0	006	6613					
PHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME*							NCIC* HIT/SKIP NUMBER OF UNITS U					UNIT IN ERROR				
SECONDARY CRASH PRIVATE PROPERTY Heath PD							0 4 5	0 7		SOLVED UNSOLVED	0	1 0	98 - ANIMAL 99 - UNKNOWN			
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP* 4.5									CRA	SH DATE /	TIME*		ASH SEVERITY L - FATAL			
4 5 1 2-1						0000	<u> </u>	2 - SERIOUS INJURY								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST BLUE JAY							ROA	ROAD TYPE LATITUDE DECIMAL DEGREES					SUSPECTED 3 - MINOR INJURY			
							<u>R</u>	2 D 40 0 3 6 4 7 7					SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1634					, MILEPOST, H	AD TYPE	5 BROBERTY									
		- EAST - WEST	.634				ட		- 8	3 8	5 4 8	- ار	ONLY			
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE	ты IR - II	ROUTE TYPE NTERSTATE ROU		ALLEY	ROAD TYPE HW - HIGHWAY		0AD	 	T		TION RELATE				
3 2 - MILE POST 3 - HOUSE #	2 - MILE POST 2 - SOUTH US - FEDERAL US ROUTE AV - AVENUE					LA - LANE	SQ - S0	SQUARE WITHIN INTERSECTION OR ON APPROACH					2			
wasserson	4 - WES	ST SR-S	TATE ROUTE	CR	- BOULEVARD	MP - MILEPOS OV - OVAL		TERRACE					MBER OF APPROACHES			
FROM REFERENCE	DISTANCE DISTANCE CR. NUMBERED COUNTY ROUTE							RAIL			RO	ADWAY				
0, ,	2 2-FEE 3-YAR	T R	OUTE	אט	: - DRIVE : - HEIGHTS	PI - PIKE PL - PLACE	WA - W	/AY	ROADWAY DIVIDED							
LOCATIO	N OF FIRST HARM			MAN	INER OF CRAS	H COLLISION/	IMPACT		DIRECTIO	N OF TRAVE	L	MEDIA	AN TYPE			
1 - ON ROADWA		ROSSOVER	LLEY ACCESS	- RET	CVA/IT IT NI	4 - REAR-TO-RE 5 - BACKING	EAR		1 - NORTH			1 - DIVIDED FLUSH MEDIAN				
0 6 2-ON SHOULD 3-IN MEDIAN	11-	RAILWAY GRA	ADE CROSSING	1 TW	O MOTOR	5 - BACKING 5 - ANGLE				- SOUTH - EAST		(< 4 FEET) 2 - DIVIDED FLUSH MEDIAN				
4 - ON ROADSIE 5 - ON GORE		SHARED USE TRAILS	PATHS OR	TRA 2 - REA		7 - SIDESWIPE 3 - SIDESWIPE			1	-WEST		(≥4 FEE 3 - DIVIDED,	T) DEPRESSED MEDIAN			
6 - OUTSIDE TR	MILIOVENI	BIKE LANE TOLL BOOTH		3 - HEA		9 - OTHER / UNKNOWN 4 - DIV							IVIDED, RAISED MEDIAN ANY TYPE)			
7 - ON RAMP 8 - OFF RAMP		OTHER/UNK	NOWN									9 - OTHER/U				
WORK ZONE RELAT	TED		WORK ZONE TYP	PE .	LOCATIO	N OF CRASH I	IN WORK Z	ONE	CON.	TOUR	CON	DITIONS	SURFACE			
WORKERS PRESEN			ANE CLOSURE ANE SHIFT/CROS	SUNED	1.	BEFORE THE WARNING SI		(ZONE	3	. .	L	1	2			
LAW ENFORCEMEN		3 - W	ORK ON SHOULD		3 3/2 mm	- ADVANCE WA - TRANSITION		REA	1 - STRAIGHT LEVEL 1 - DRY				1 - CONCRETE			
			R MEDIAN ITERMITTENT OF	MOVING WORK		- TRANSTITION - ACTIVITY AR			2 - STRAIGHT GRADE 2 - WET 3 - CURVE LEVEL 3 - SNOW			2 - BLACKTOP, BITUMINOUS,				
ACTIVE SCHOOL ZO	ACTIVE SCHOOL ZONE 5-OTHER						N AREA		4 - CURVE		4 - ICE		ASPHALT 3 - BRICK/BLOCK			
200000000000000000000000000000000000000	CONDITION			WEATH		O OTHERWINIANONN E CAND MILD DIRT						4 - SLAG, GRAVEL,				
1 - DAYLIGHT 4 2 - DAWN/DUSK			1 - CLE 2 - CLC		6 - SNOW 7 - SEVERE	CROSSWINDS	i				51	R (STANDING, 5 - DIRT				
3 - DARK – LIGH	HTED ROADWAY DWAY NOT LIGHT	FD.		G, SMOG, SMOKI		G SAND, SOIL, NG RAIN OR FR					MOVIN 7 - SLUSH		9 - OTHER/UNKNOWN			
5 - DARK – UNKI	NOWN ROADWAY			EET, HAIL		/ UNKNOWN	LLEINO D	MELL				/UNKNOWN	NKNOWN			
9-OTHER/UNK	KNOWN							1 1 1								
NARRATIVE UNIT 1 RAN (AEE THE B	OAD T	O THE DT	CUT									Indicate the north direction with			
ONITIKAN	OFF THE R	COAD I	O THE KI	ЭПІ		-						4	an "N" on the compass diagram.			
UNIT 1 STRU	CK A POL	E IN A I	RESIDEN	TIAL YAF	RD,	_	-		Evaluation	Evaluation Edition						
RIPPING IT C			•		D A	Evaluation Edit	Evaluation Edi	Evaluation	n Edition)		Evaluation Edit	ion			
BRICK PILLA	R WITH T	HE RIG	HT SIDE	OF HIS		┢ 、		Evolvation	Evaluation EditidNot To S	Evaluation Edition	Evaluation Edition					
VEHICLE						Evaluation Edit	Evaluation Edition	lition	•			Elaluation Edit	ion			
UNIT 1 DROV	E THROU	GH THE	YARD A	ND FLED	THE	*\(\delta_{\text{t}}\)		Evaluation	Evaluation Edition	Evaluation Edition Unit 1	Edwon Unit					
SCENE EAST	ON WATS	ON RO	AD.			Evaluation Edit	Evaluation Edition	iiion			Evaluation	Evaluation Edit	ion			
							Evaluation Edi	Evaluation	n Edition	Evaluation Edition	Edition	NAY ROAD	_			
						Evaluation Edit		\	1	Evaluation	163A BI Evaluation	UE JAY ROAD Evaluation Edit				
							Evaluation Edi	Evaluation	n Edition	Edition						
						Evaluation Edit	nandH	`	/ ', /	Evaluation	Evaluation Edition	Evaluation Edit Edition	ion			
<u></u>						Evaluation Edit	Evaluation Edi	Evaluation	Evaluation n Edition	Edition						
ODAGU DEPORTES	DATE / TIME		CDATOU DATE (FIME		DIVAL DATE	TIME			377) 908-4777 CLEADED	DATE / TIM	- 1	DEDORT TAKEN BY			
0 6 1 1 2 0 2 3		1970	SPATCH DATE / 1		Same	RIVAL DATE/		, , ₀	SCENE 611			¹ 26区	REPORT TAKEN BY POLICE AGENCY			
TOTAL TIME	OTHER	TOTAL	OFFICER'S		<u> </u>	2023			CER'S NAM		, 00		MOTORIST			
	ESTIGATION TIME			macher			Sma		OER 3 NAN	ie.			SUPPLEMENT (CORRECTION OR ADDITION			
	ο Δ	2 0 4	5 0	OFFICER'S BA			0	CHECKED E	BY OFFICER	'S BADGE		8	TO AN EXISTING REPORT SENT TO ODPS)			
.0,,,,1	. 8 0	2 0 (5 0	7 -	1 1	5 6	1 5	1	1		J	٠				

■ FIRST HARMFUL EVENT

2

■ MOST HARMFUL EVENT

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OHIO DEI OF PUBLI SAFETY - SERV	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST								2 0 2 3 - 0 0 0 0 6 6 1 3							3	
UNIT #	_									DATE OF BIRTH A					AGE	GENDER	
0 1	CARVER, KEVIN LEE								0 9 / 0 4 / 1 9 6 1 6 1 M								
2	RATIOT RD NEWARK, OH 43056									ON A		NE - INCL	I AREA C	, (
INJURIES	INJURED	EMS AGENCY (NAME)	D: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT					-Complia	SEATI	NG POSITIO	N AIR BAG	USAGE	EJECTION	TRAPPED			
INJURIES OL STATE O H	TAKEN BY							USED	' .9		HELME		1	_11_		_1	_1
OL STATE	OPERATOR LICENSE NUMBER			OFFEN	SE CHAF	RGED	LOCAL CODE	OFF	ENSE DESC	RIPTION				CITATION NUMBER			
				335.14					35.14					2154		(a)	
OL CLASS	ENDORSEMENT RESTRICTION SELECT UP SELECT UP TO 2		DISTRACTED			OHOL / DRUG SUSPI LCOHOL MAI	G SUSPECTED MARIJUANA		CONDITION		STATUS TYPE		HOL TEST E VALUE S		DRUG TEST(STATUS TYPE RESU		LT SELECT UP TO 4
_4				9	┌┌┌	THER DRUG			9	_1	1	•		1	1	_الــا	
UNIT#	NAME: LAST, F							DATE OF BIRTH						AGE	GENDER		
ADDDESS.	OTDEET NITY OF	ATE TIP								CONTACT PHONE - INCLUDE AREA CODE							
ADDRESS: ADDRESS: OL STATE	STREET, CITY, ST.	ATE, ZIP								CONTA	CT PHO	NE - INCL	UDE AREA C	ODE			
S INJURIES		EMS AGENCY (NAME)		INJURED 1	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		TY EQUIPMENT		Course	SEATI	NG POSITIO	ON AIR BAG USAGE EJECTION TRAPPED			
	TAKEN BY							USED) 	DOT-COMPLIANT MC HELMET							
OL STATE	OPERATOR L	ICENSE NUMBER					LOCAL CODE	OFF	ENSE DESC	RIPTION				CITATION NUMBER			
		I	1						ALCOHOL TEST			DRUG TEST(S)					
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		TRACTED -		DHOL / DRUG SUSPI LCOHOL MAI	RIJUANA	CONDITIO	ONDITION	STATUS	TYPE	VAL	.UE	STATUS	TYPE		SELECT UP TO 4
					0	THER DRUG		L				•				النال	
UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH					AGE	GENDER
ADDDESS	OTDEET AVEV OF	ATE TIP															
O ADDKE22:	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE									ODE							
ADDRESS:		EMS AGENCY (NAME)		INJURED 7	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		TY EQUIPMENT			SEATI	NG POSITIO	N AIR BAG	USAGE	EJECTION	TRAPPED
	TAKEN BY DL STATE OPERATOR LICENSE NUMBER			U				USED) 		MC HELMET						
OL STATE				OFFENSE CHARGED LOCAL CODE			OFF	ENSE DESC	RIPTION			CITAT	ION NU	MBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	IIID TO 2 DDI	IPTO3 DRIVER ALCOH		OHOL / DRUG SUSPI			CONDITION	ALCOHOL TEST			DRUG TEST(S)				
UL CLASS	SELECT UP TO 2	RESTRICTION SELECT UP 10.3		STRACTED ALCOHO		_		CONDITION		STATUS TYPE VALUE		.UE				SELECT UP TO 4	
					0	THER DRUG		<u></u>		ш		• 📖	السا			السال	
INJU 1 - FATAL	IRIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEF	LOYED		OL CLASS 1-CLASS A	S		L RESTRIC ALCOHOL INTER			NOT DISTR	ISTRAC ACTED	TION	1 - NONE	EST STA GIVEN	TUS
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOY			2 - CLASS B			CDL INTRASTATI				OPERATIN			REFUSED	
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOY 4 - DEPLOY	ED SIDE ED BOTH FRO	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS			CORRECTIVE LE FARM WAIVER	NSES			EXTING, TYP			GIVEN, CON LE / UNUSA	TAMINATED BLE
5 - NO APPAREN		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP			(OHIO = D) 5 - M/C MOPED ONLY		5 - 1	EXCEPT CLASS A		3-	TALKING 0	N HANDS-FF			GIVEN, RES GIVEN, RES	ULTS KNOWN
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKNO	OWN	6 - NO VALID OL			EXCEPT CLASS A & CLASS B BUS	1			:ATION DEV: N HAND-HEI		UNKN		ULIS
1 - NOT TRANSP /TREATED A		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	E.	JECTION		OL ENDORSE	MENT	100000000000000000000000000000000000000	EXCEPT TRACTO				ATION DEV	IΔN			Т ТҮРЕ
2 - EMS		(MOTORCYCLE SIDE CAR) 1 - NOT EJE			JECTED H - HAZMAT				RESTRICTIONS			5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			1 - NONE 2 - BLOOD		
3 - POLICE 9 - OTHER / UNK	(NOWN	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED			M - MOTORCYCLE 9 - LEARNER'S P - PASSENGER RESTRICTION			LEARNER'S PER RESTRICTIONS	ONS 7 - OTHER DISTRACTION				3 - URINE			
SAFETY F	OUIDMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE N - TANKER					10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT			INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE			4 - BREATH E 5 - OTHER			
1 - NONE USED	SAFETT EQUIPMENT			TRAPPED R - THREE-WHEEL MOTORCYCLE 12-					12 - LIMITED - OTHER			THE VEHICLE 9 - OTHER / UNKNOWN			DRUG TEST TYPE		
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS 3 - LAP BELT ONLY USED PICK-UP WITH CAP)		1 - NOT TRAPPED 2 - EXTRICATED BY			S - SCHOOL BUS 13 - MECHANICA (SPECIAL BE			(SPECIAL BRAKE	L DEVICES RAKES, HAND				1 - NONE			
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	JICAL MEANS 1- DOUBLE & INTELLINATIONS CON				CONTROLS, OR OTHER ADAPTIVE DEVICES)			CONDITION 1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE				
5 - CHILD RESTI FORWARD FA	RAINT SYSTEM – ACING	13 - TRAILING UNIT	CHANICAL MEANS					MILITARY VEHIC MOTOR VEHICLE	E THIOTOME INFAMEN				1 Official				
6 - CHILD RESTI REAR FACIN	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)							AIR BRAKES OUTSIDE MIRRO		ANGRY, DISTURBED)				DRUG TEST RESULT(S)		
7 - BOOSTER SE		15 - NON-MOTORIST								n)	4- ILLNESS 5- FELL ASLEEP, FAINTED,					IETAMINES ITURATES	
8 - HELMET US 9 - PROTECTIVE	PADS USED	99 - OTHER / UNKNOWN						18 - 0	OTHER	FATIGUED, ETC.				3 - BENZ	ODIAZEPINI	ES	
(ELBOW, KNI 10 - REFLECTIVE	EES, ETC.)												6- UNDERTHE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			ABINOIDS INE	
11 - LIGHTING - I	PEDESTRIAN											OTHER / UN	KNOWN		6 - OPIAT	ES / OPIOID	S
	/ BICYCLE ONLY 99 - OTHER / UNKNOWN														7 - OTHER 8 - NEGATIVE RESULTS		

Ũ	OHIO DEPARTMENT OF PUBLIC SAFETY OF CUPANT / WITNESS ADDENDUM									ORT NUMBER	6 1	3			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER			
T N	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHON	E - INCLUDE AREA CO	DE					
OCCUPAN									1 1	1 1	1 1	1 1			
3	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIAN MC HELMET		AIR BAG USAGE	EJECTION	TRAPPED			
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					D.A	TE OF BIRTH		AGE	GENDER			
	1 1		,					1							
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
9	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			, , , , , , , , , , , , , , , , , , ,	DOT-COMPLIAN MC HELMET	IT	L						
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE							
ANT	ADDRESS	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPAN															
Ö	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facil it	SAFETY EQUIPMENT USED	DOT-COMPLIAN		AIR BAG USAGE	EJECTION	TRAPPED				
8	UNIT #	NAME: LAS	T, FIRST, MIDDLE					D.A	TE OF BIRTH		AGE	GENDER			
	f 1														
ANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN															
٥	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIAN		AIR BAG USAGE	EJECTION	TRAPPED			
			IDIEC	CAFETY	/ FOULDMENT HEED	1	CEATING DOC	MC HELMET		ATD DAG H	CACE				
	INJURIES SAFETY EQUIPMENT USED SEATING PO								1 - NOT DE	AIR BAG U	SAUE				
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 2 - SHOULDE 3 - LAP BELT				OCCUPANT	(MOT	ORCYCLE DRIV	ER)	YED FRONT						
					ER BELT ONLY USED		IT – MIDDLE IT – RIGHT SIDI	Ē	3 - DEPLO	YED SIDE					
					ER & LAP BELT USED		ND – LEFT SID		4 - DEPLOYED BOTH FRONT/SIDE						
	5 - NO A	APPARENT I	INJURY		ESTRAINT SYSTEM -	ND - MIDDLE	DENGER)		5 - NOT APPLICABLE						
		INJURED	TAKEN BY	FORWARI			ND - RIGHT SII	DE	9 - DEPLO	YMENT UNI	CNOWN				
		TRANSPOR EATED AT S		6 - CHILD RE	ESTRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE	CAR)		EJECTI	0 N				
	2 - EMS 7 - B00STEF				SEAT		D – MIDDLE D – RIGHT SIDE		1 - NOT EJ	ECTED					
	3 - P0L1	ICE		8 - HELMET			PER SECTION (2 - PARTIA	2 - PARTIALLY EJECTED					
	9 - OTH	ER/UNKNO	OWN		IVE PADS USED KNEES, ETC.)		ENGER IN OTH		ATLINIC UNIT						
	10 - REFLECTIVE CLOTHING BUS, PICK-UP WITH CA							P)							
	11 - LIGHTING – PEDESTRIAN (PLOYEL F ONLY) CARGO AREA							ENCLOSED TRAPPED 1 - NOTTRAPPED							
	/ BICYCLE ONLY 13 - TRAILING UNIT 99 - OTHER / UNKNOWN								2 - EXTRICATED BY MECHANICAL						
	14 - RIDING ON VEHICL (NON-TRAILING UNIT)							MEANS							
							MOTORIST ER/UNKNOWN		3 - FREED MEANS		CHANIC	AL			
S		ST, FIRST, MIDD							TE OF BIRTH		AGE	GENDER			
WITNESS			N JOSEPH						5 / 1 9 E - INCLUDE AREA CO		3 6				
×		: STREET, CITY,	RD HEATH, OH 43	056				CONTACT PHON		DE O					
þ		ST, FIRST, MIDD		-				DATE OF BIRTH AGE GENDER							
ESS															
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
i	NAME: LA	ST, FIRST, MIDD	LE					DATE OF BIRTH AGE GENDER							
WITNESS															
ΉIΜ	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						