OF PUBLIC SAFETY TRAFFIC CRA	LOCAL INFORMATI	*DENOTES MANDATORY FIELD FOR SUPPLI	MENT REPORT	2023-	OCAL REPORT NUMBE				
PHOTOS TAKEN OH-2 K OF	n-3								
SECONDARY CRASH PRIVATE PROF	Heath DD	NCIC*	1-SOLVED 02 02 98-						
COUNTY* LOCALITY* 1 - CITY LOCATI	ON: CITY, VILLAGE, TOWNSHIP		CRASH DATE / TIME* CRASH SEVERITY						
	ATH			0,7042023, 1543, 5 1- FATAL 2- SERIOUS INJURY					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NO	ORTH LOCATION ROAD NA	AME	ROAD TYPE	LATITUDE DECIMAL DEGREES SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NO 2 - SG . 3 - E	AST MCDONAL	.D	LN	4.0,0330000 3-MINOR INJURY SUSPECTED					
		NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 4 - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - N 2 - St 3 - Et.	AST 771 S 30+1	n ST		-82 4 4 5 7 0 7 5- PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION SERVING PERFORM OF	ROUTE TYPE	ROAD TYPE		INTERSECTION RELATED					
1 - INTERSECTION 1 - NORTH 2 - SOUTH	IR - INTERSTATE ROUT US - FEDERAL US ROUT		RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
3 - HOUSE # 3 - EAST 4 - WEST	SR - STATE ROUTE	BL - BOULEVARD MP - MILEPOST	ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE	CR - NUMBERED COUNT	Y ROUTE CR - CIRCLE OV - OVAL CT - COURT PK - PARKWAY	TE - TERRACE TL - TRAIL	ROADWAY					
1 - MILES	TR - NUMBERED TOWNS ROUTE	DK - DKIVE 11 - TIKE	WA - WAY	ROADWAY DIVIDED					
3-YARDS		HE - HEIGHTS PL - PLACE		-	1				
LOCATION OF FIRST HARMFUL 1 - ON ROADWAY 9 - CROS	L EVENT SSOVER	MANNER OF CRASH COLLISION/IM 1 - NOT COLLISION 4 - REAR-TO-REA		DIRECTION OF TRAVEL MEDIAN TYPE  1 - NORTH 1 - DIVIDED FLUSH MEDIAN					
	VEWAY/ALLEY ACCESS	7 BETWEEN 5-BACKING TWO MOTOR 5-BACKING		(<4 FEET)					
4 - ON ROADSIDE 12-SHA	LWAY GRADE CROSSING LARED USE PATHS OR	VEHICLES IN 6-ANGLE TRANSPORT 7-SIDESWIPE, S	AME DIRECTION	3 - EAST 2 - DIVIDED FLUSH MEDIAN (\$4 FEET)					
5 - ON GORE TRA 6 - OUTSIDE TRAFFIC WAY 13-BIK		2 - REAR-END 8 - SIDESWIPE, 0 3 - HEAD-ON 9 - OTHER/UNKI		3 - DIVIDED, DEPRESSED MEDI 4 - DIVIDED, RAISED MEDIAN					
7 - ON RAMP 14-TOL	L BOOTH IER/UNKNOWN	STIERS ON STIERS ONN		(ANY TYPE) 9 - OTHER/UNKNOWN					
8 - OFF RAMP 99-01H				CONTOUR					
WORK ZONE RELATED	WORK ZONE TYPE 1 - LANE CLOSURE	LOCATION OF CRASH IN  1 - BEFORE THE 15		CONTOUR 1	CONDITIONS 1	SURFACE 2			
WORKERS PRESENT	2 - LANE SHIFT/CROSS	2 ADVANCE WAD							
LAW ENFORCEMENT PRESENT	3 - WORK ON SHOULDE OR MEDIAN	3-TRANSITION AF	REA	2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP,					
ACTIVE SCHOOL ZONE	4 - INTERMITTENT OR I 5 - OTHER	MOVING WORK 4 - ACTIVITY AREA 5 - TERMINATION		3 - CURVE LEVEL 3 - SNOW BITUMINOUS ASPHALT					
LIGHT CONDITION		 WEATHER		4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK			
1 - DAYLIGHT	1 - CLEA			9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLA					
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	01 2 - CLOL	JDY 7 - SEVERE CROSSWINDS SMOG, SMOKE 8 - BLOWING SAND, SOIL, DI	1 13 - 17 - 17 - 17 - 17 - 17 - 17 - 17			5 - DIRT			
4 - DARK — ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FRE	G RAIN OR FREEZING DRIZZLE 7 - SLUSH 9 - 0T			9 - OTHER/UNKNOWN			
5 - DARK – UNKNOWN ROADWAY LIG 9 - OTHER / UNKNOWN	HTING 5-SLEE	T, HAIL 99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN				
NARRATIVE	-minimuminimuminimuminimuminimuminimuminimuminimuminimuminimuminimuminimuminimuminimuminimuminimuminimuminimum					Indicate the north			
<b>UNIT 1 WAS TRAVELING</b>	EASTBOUND O	N MCDONALD			+	direction with an "N" on the			
LANE IN THE EASTBOUN	D RIGHT SIDE	LANE. UNIT 2		ScenePD ™ - Evaluation Edition		compass diagram.			
WAS TRAVELING EASTE	OUND ON MCDO		Evaluation	Evaluation Edition n Edition		3-			
IN THE EASTBOUND LEF		NIT 2 Evaluation Edition	Evaluation Edition		Evaluation Edition	ion —			
MERGED RIGHT AND ST	RUCK UNIT 1.		Evaluation Evaluation Edition	Evaluation Edition	Edition	-			
		Evaluation Edition		Evaluation	Evaluation Edition Naturation Edition	ion			
			Evaluation Evaluation Edition	n Edition	Not To Scale				
		Evaluation Edwing	United House	Evaluation	VEHICLES WEST MOVED EVALUATION Edit Evaluation Edition Edition	ion			
		Evaluation Edition	Evaluation Edition	Evaluation ladition n Edition					
		Evaluation Edition		Evaluation	Evaluation Edition Edition Edition Edition Edition Edition Edition	ion			
		Evaluation Edition	Evaluation Evaluation Edition	n Edition					
		_		Evaluation Evaluation Edition	Evaluation Edition Edition	eon			
		Evaluation Edition	Evaluation Evaluation Edition	n Edition					
CRASH REPORTED DATE / TIME	DISPATCH DATE / TI	ME ARRIVAL DATE / TII	ME T	Trancite (877) 908-4777 SCENE CLEARED	DATE/TIME	REPORT TAKEN BY			
Section 1 100 1 Section 1		Charleston (Analysia Co., 1986) and Analysia Charleston (Analysia Co., 1986) and Co., 1986)	600	7042023	V	Wilder (2004) And			
TOTAL TIME OTHER	TOTAL OFFICER'S		CHECKED BY OFF			MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME			SUPPLEMENT (CORRECTION OR ADDITION						
	1	DFFICER'S BADGE NUMBER* 7 - 1 3 1	Снескер	BY OFFICER'S BADGE I	NUMBER*	TO AN EXISTING REPORT SENT TO ODPS)			
			11						

54 - OTHER FIXED OBJECT

99 - OTHER / LINKNOWN

POSTED SPEED

2

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

1 29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

1

36 - MEDIAN OTHER BARRIER

41 - OTHER POST, POLE

OR SUPPORT

■ MOST HARMFUL EVENT

48 - TREE

49 - FIRE HYDRANT

3 - UNDETERMINED

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DEF OF PUBLI SAFETY - SERVI	SOUND DEPARTMENT MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 0 7 5 4 9							
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER							
0 1	ENDICOTT, BRENDEN LEE						0 7 / 1 2 / 2 0 0 6 1 6 M							
ADDRESS:	STREET, CITY, STATE, ZIP							CONTACT P	PHONE - INCLUDE AREA	CODE				
4885 W ANDERSS: 4885 W INJURIES OL STATE OL H	85 WATKINS SW RD S PATASKALA, OH 43062													
INJURIES	S INJURED EMS AGENCY (NAME) INJURED TAKEN TO				: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	<b>ДОТ-С</b> ом	SEATING POSITION	ON AIR BAG U	SAGE EJECTION	TRAPPED		
<u>5</u>	ВУ							0 4	MC HEL	MET 0 1	11	1	_1	
OL STATE	OPERATOR LICENSE NUMBER			OFFEN	OFFENSE CHARGED LOCAL OFFENSE CODE			OFFENSE DESC	CRIPTION CIT			ON NUMBER		
OH														
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	VER Tracted	_	OHOL / DRUG SUSPI LCOHOL   MAI		CONDITION	STATUS TY	DHOL TEST PE VALUE		DRUG TEST(S TYPE   RESUL	SELECT UP TO 4	
4		0 3	BY	1	=	THER DRUG	NIJUANA	1 ,	1 1		1	1		
UNIT #	NAME: LAST, F	LAST, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
0 2	HALL, CO	RA JAYNE							0 2 /	1 5 / 2	0 0 7	1 6	, F	
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT P	HONE - INCLUDE AREA	CODE			
ADDRESS: 4965 TA INJURIES 5	AVENER RI	D NEWARK, OH 4305	56											
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT-Com	SEATING POSITION	ON AIR BAG U	SAGE EJECTION	TRAPPED	
<u> 5</u>	BY							USED 0 4	MC HEL		11	1 1 1		
	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL		OFFENSE DESC	RIPTION	<u>'</u>	CITATIO	CITATION NUMBER			
OL STATE  O H														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	VER Tracted		OHOL / DRUG SUSPI		CONDITION	STATUS TY	DHOLTEST PE VALUE		TYPE RESUL	T SELECT UP TO 4	
	, .		BY	2	=	LCOHOL   MAI THER DRUG	RIJUANA	1	1 1		1	1		
UNIT #	NAME: LAST, F	IRST, MIDDLE			<u> </u>	THER DROG				DATE OF BIRTH		AGE	GENDER	
	·								, ,			1		
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE													
TOR										1 1 1	1 1	1 1	1 1	
ADDRESS:	INJURED I	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		<b>ДОТ-С</b> ом	SEATING POSITION	ON AIR BAG U	SAGE EJECTION	TRAPPED	
	BY			USED			MC HEL		_					
OL STATE	E OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL OFFENSE DES			RIPTION		CITATIO	ON NUMBER				
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OL CLASS	SELECT UP TO 2			VER Tracted		OHOL / DRUG SUSPI LCOHOL   MAI	ECTED RIJUANA	CONDITION	STATUS TY	DHOL TEST PE VALUE		TYPE RESUL	T SELECT UP TO 4	
				1	=	THER DRUG								
INJU	RIES	SEATING POSITION	Α	IR BAG		OL CLAS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST STA		
1 - FATAL	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE				1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY			1 - NONE GIVEN 2 - TEST REFUSED				
3 - SUSPECTED		MINOR INJURY 2 - FRONT - MIDDLE 3 - DEPLOY					3 - CORRECTIVE LE		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,		3 - TEST GIVEN, CONTAMINATED			
4 - POSSIBLE IN	4 SECOND LEET SIDE			ED BOTH FRONT / SIDE 4 - REGULAR CLASS (0HIO = D)			4 - FARM WAIVER 5 - EXCEPT CLASS A BUS		DIALING)		SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN			
5 - NO APPAREN	(MOTORCYCLE PASSENGER)			E M/C MODED ONLY			6 - EXCEPT CLASS		3 - TALKING ON HANDS-F COMMUNICATION DEV	REE _	5 - TEST GIVEN, RESULTS			
INJURED  1 - NOTTRANSP	TAKEN BY 5-SECOND - MIDDLE 6-NO VALID OL & CLASS B B						& CLASS B BUS 7 - EXCEPT TRACTO	ND TDAILED	4 - TALKING ON HAND-HE COMMUNICATION DEV	/ICF	UNKNOWN			
/TREATED AT					OL ENDORSEMENT 8-INTERMEDIATE				5 - OTHER ACTIVITY WIT	H AN	1 - NONE			
2 - EMS 3 - POLICE	O TUIDO MIDDIE					RESTRICTIONS 9 - LEARNER'S PERMIT		ELECTRONIC DEVICE 6 - PASSENGER		2 - BL00D				
	- OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY		EJECTED P - PASSENGER R			RESTRICTIONS 7 - OTHER DI		7 - OTHER DISTRACTION INSIDE THE VEHICLE						
SAFETY E	SAFETY EQUIPMENT  10 - SLEEPER SECTION 0F TRUCK CAB  4 - NOT APPL			LICABLE N - TANKER 10 - LIMITED TO DA Q - MOTOR SCOOTER 11 - LIMITED TO EN			PLOYMENT 8 - OTHER DISTRACTION OUTSIDE			5 - OTHER				
1 - NONE USED	11 DACCENCED IN OTHER				R - THREE-WHEEL MC	TORCYCLE	12 - LIMITED - OTHE	THE VEHICLE			DRUG TEST	TYPE		
	SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAPP)  LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATE				ED BY (SPECIAL BRAI			ES, HAND			1 - NONE			
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED ME		MECHAN	ANICAL MEANS X-TANKER/HAZMAT ADAP  BY X-TANKER/HAZMAT 14-MILIT  IECHANICAL MEANS 15-MOTO  AIR B  16-OUTS			CONTROLS, OR O ADAPTIVE DEVI	0=01	CONDITION  1 - APPARENTLY NORMAL		2 - BLOOD 3 - URINE			
	5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 13 - TRAILING UNIT		3 - FREED B NON-ME				14 - MILITARY VEHICLE		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		- OTHER			
	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						15 - MOTOR VEHICLE AIR BRAKES				RUG TEST RI	ESULT(S)		
	7 - BOOSTER SEAT 15 - NON-MOTORIST						16 - OUTSIDE MIRRO 17 - PROSTHETIC AII		4- ILLNESS 5- FELL ASLEEP, FAINTE		- AMPHETAMINES			
	8 - HELMET USED 99 - OTHER / UNKNOWN						18 - OTHER FATIGUED, ETC.		FATIGUED, ETC.	3 - BENZODIAZEPINES				
(ELBOW, KNE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						OF		6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS 4 - CANN		- CANNABINOIDS			
	10-REFLECTIVE CLOTHING 11-LIGHTING - PEDESTRIAN								/ALCOHOL 9- OTHER/UNKNOW			5 - COCAINE 6 - OPIATES / OPIOIDS		
/ BICYCLE ON	/ BICYCLE ONLY								7. OTHER ORKNOWN			7 - OTHER		
99 - OTHER / UNK	99 - OTHER / UNKNOWN										8	- NEGATIVE RESU	LTS	