OF PUBLIC SAFETY TRAFFIC CRASH REPO	*DENOTES MANDATORY F	IELD FOR SUPPLEME	NT REPORT	l	O O O O	7 7 5 0			
PHOTOS TAKEN UH-3 OH-3									
SECONDARY CRASH OH-1P OTHER REPORT	ring agency name* th PD		NCIC* 507	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL			
	507	L 2 - UNSOLVED		CRASH SEVERITY					
COUNTY* LOCALITY* 1 - CITY 4 - 5 1 2 - VILLAGE HEATH	,TOWNSHIP*			CRASH DATE /	_	1 - FATAL			
3-TOWNSHIP	ON ROAD NAME		ROAD TYPE	0,7102023		2 - SERIOUS INJURY SUSPECTED			
2-SOUTH				describigation to the dispersion that	Proceeding was selected and so	3 - MINOR INJURY			
	PPLER	HOHEE #3	R D	40,035		SUSPECTED			
2 - SOUTH	NCE ROAD NAME (ROAD, MILEPOST,	HUUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 4 - INJURY POSS					
				-82,441	0 3 0	ONLY			
I INTERCECTION FROM REFERENCE ID INTERCE	UTE TYPE TATE ROUTE(TP) AL - ALLEY	ROAD TYPE HW - HIGHWAY RI	D - ROAD	l —	INTERSECTION RELA	Contractor			
3 2-MILE POST 2-SOUTH US-FEDERAL	l nu nuenue		- SQUARE	WITHIN INTERSECTION OR ON APPROACH					
3 - HOUSE # 3 - EAST 4 - WEST SR - STATE R	OUTE BL - BOULEVARI		F - STREET E - TERRACE	WITHIN INTE	RCHANGE AREA I	NUMBER OF APPROACHES			
FROM REFERENCE UNIT OF MEASURE	RED COUNTY ROUTE CT - COURT		- TRAIL	ROADWAY					
2-FEET ROUTE	RED TOWNSHIP DR - DRIVE HE - HEIGHTS	PI - PIKE W	I I I ROADWAY DIVIDED						
3-YARDS			-						
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER	1 - NOT COLLISION	SH COLLISION/IMPAC 4 - REAR-TO-REAR	a 1	DIRECTION OF TRAVE 1 - NORTH	VI Carrier	DIAN TYPE ED FLUSH MEDIAN			
0 1 2 - ON SHOULDER 10-DRIVEWAY/ALLEY A	OCCUPACION I INCOMOTOR	5 - BACKING		2 - SOUTH	(< 4 F	EET)			
4 - ON ROADSIDE 12-SHARED USE PATHS	VEHICLES IN	6 - ANGLE 7 - SIDESWIPE, SAME	DIRECTION	3 - EAST 4 - WEST	(≥4 F	SAMPLE OF			
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR-END 3 - HEAD-ON	8 - SIDESWIPE, OPPOS 9 - OTHER / UNKNOW			1	ED, DEPRESSED MEDIAN ED, RAISED MEDIAN			
7 - ON RAMP 14-TOLL BOOTH	S- HEAD-ON	7- OTHER ON NOW	IN.		(ANY				
8-OFF RAMP 99-OTHER/UNKNOWN									
WORK ZONE RELATED WORK Z		ON OF CRASH IN WO L-BEFORE THE 1ST W		CONTOUR 1	CONDITIONS	SURFACE			
WORKERS PRESENT 2 - LANE SH	IFT/CROSSOVER	WARNING SIGN		_1_	1 - CONCRETE				
LAW ENFORCEMENT PRESENT 3-WORK ON OR MEDIA	SHOULDER ,	? - ADVANCE WARNIN B - TRANSITION AREA	VITION ADEA						
TOTAL PROPERTY OF THE PROPERTY	NEST BUILD O COST TURE IN PRINTED THE RECEIVED	- ACTIVITY AREA		3 - CURVE LEVEL	2 - BLACKTOP, BITUMINOUS, ASPHALT				
ACTIVE SCHOOL ZONE 5 - OTHER		5 - TERMINATION ARE	A	4 - CURVE GRADE 4 - ICE 3 - BRICK/BL					
LIGHT CONDITION 1 - DAYLIGHT	WEATHER 1 - CLEAR 6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GIVAVLL,			
1 2 - DAWN/DUSK O1		E CROSSWINDS			6 - WATER (STANDIN	STONE G, 5-DIRT			
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 8 - BLOWII 4 - RAIN 9 - FREEZI	NG SAND, SOIL, DIRT, ING RAIN OR FREEZII			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN			
5 - DARK – UNKNOWN ROADWAY LIGHTING		R/UNKNOWN	IO DINELLE		9 - OTHER/UNKNOWN	ι			
9-OTHER/UNKNOWN						00000			
NARRATIVE		F' ' '				Indicate the north direction with			
Unit 1 was a parked commercial		<u> </u>			7	an "N" on the compass diagram.			
struck while still in a park position	n			ScenePD ™ - Evaluation Edition					
Unit 2 was backing out from drive	eway and struck	Evaluation Edition	Evaluation ation Edition	Evaluation Edition					
Unit 1 with the rear bumper.		Evaluation Edition	.	Evaluation	Evaluation Evaluation Edition Edition	Edition			
-		Evaluation Edition	e aluation	Evaluation Edition					
		- KAP	nno l	Evaluation	Evaluation Evaluation Edition Edition	Edition			
		Evaluation Edition	Evaluation Evaluation	Edition Edition					
		+		Unit 2 Evaluation	Evaluation Edition Edition	Edition			
		Evaluation Edition	Evaluation ation Edition	n Edition					
			+ I	Evaluation	Evaluation Edition Evaluation Edition N Evaluation	Edition			
		Evaluation Edition	Evaluation ation Edition	n Editios	Not To Scale	5400			
				Evaluation Edition	Evaluation Edition	2			
		Evaluation Edition	Evaluation ation Edition						
CRASH REPORTED DATE / TIME DISPATCE	H DATE/TIME AI	RRIVAL DATE / TIME		SCENE CLEARED	DATE / TIME	REPORT TAKEN BY			
07102023 1136 071020	The state of the s		149 0	7102023	30-7-C-93-4-VA 30-31 MIN-9X II	POLICE AGENCY			
	FFICER'S NAME*			CER'S NAME*		MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUTES	unt		SUPPLEMENT (CORRECTION on ADDITION						
	OFFICER'S BADGE NUMBE		Снескей I 7	BY OFFICER'S BADGE I	NUMBER*	TO AN EXISTING REPORT SENT TO ODPS)			
	U	7							

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

2

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST							2 0	2	3	- O				7 5	0			
UNIT # 0 1									1 1	DAT	E OF BIRTH				AGE	GENDER		
ADDRESS:	RESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE										
O INJURIES	INJURED	EMS AGENCY (NAME)		TALLIBED	TA 1/E N T/	. MEDICAL FACILITY		CAFETY FOUIDMENT			_	SEATING POSIT	FTON AT	R BAG L	ICAGE	EJECTION	TRADDED	
ADDRESS:	TAKEN BY	EWIS AGENCY (NAME)		INJURED	IAKENI	J: WEDICAL FACILITY	- FACILITY (NAME, CITY) SAFETY EQUIPMENT			T-COMPL HELM	TANI.	SEATING PUSIT	IION AII	K BAG (JSAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHA	RGED	LOCAL CODE	OFFENSE DESC	RIPTIO	PTION			C	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED		OHOL / DRUG SUSPI	ECTED Rijuana	CONDITION	STATUS	ALCOH		T EST VALUE	STAT		DRUG TYPE	TEST(S RESUL	T SELECT UP TO 4	
					=	THER DRUG			1	1	_ _ •		1		1	الحال		
UNIT#	NAME: LAST, F	FIRST, MIDDLE						'		'	DAT	E OF BIRTH		'		AGE	GENDER	
0 2	LANDIS,	FAYE ELLEN							0 9 / 2 7 / 1 9 4 5					_ _7	7 7	F		
3	STREET, CITY, ST.	ATE, ZIP HEATH, OH 43056							CONT	ACT PH	ONE	- INCLUDE ARE	A CODE) . (.			
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED	TAKENTO	D: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		T Cours	,,,,,	SEATING POSIT	TION AIF	R BAG L	JSAGE	EJECTION	TRAPPED	
5	TAKEN BY							USED 0 4	DOT-COMPLIANT O 1				1 1 1					
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHA	RGED	LOCAL	OFFENSE DESC	RIPTION			C	CITATION NUMBER					
E O H				331.3	84		X	ALL OTHER	OFFE	NSES	6		2	155	5545			
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED		OHOL / DRUG SUSPI	ECTED Rijuana	CONDITION	STATUS	ALCOH TYPE		VALUE	STAT		TYPE	RESULT	T SELECT UP TO 4	
_4				9		THER DRUG		1	1	1	_ •		1		1	النال		
UNIT #	NAME: LAST, F	FIRST, MIDDLE									DAT	E OF BIRTH		ı		AGE	GENDER	
ADDRESS:	STREET, CITY, ST.	ATE, ZIP							CONT	ACT PH	ONE	- INCLUDE ARE	A CODE		_ _			
O THURSTON	In was I	EMO AGENOV		T		- MEDIAN FARILITY		TAREETY FAUTOMENT			_	OF ATTHE PACE						
ADDRESS:	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKENTO	D: MEDICAL FACILITY	(NAME, CITY)	USED		T-COMPL HELM	IANT.	SEATING POSIT	IIUN AII	R BAG L	JSAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL CODE		OFFENSE DESC	RIPTION			CITATION NUMBER							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER STRACTED		OHOL / DRUG SUSPI		CONDITION	STATUS	ALCOH		T EST VALUE	STAT		DRUG TYPE	TEST(S	S) LT SELECT UP TO 4	
			ВУ			ALCOHOL MAI OTHER DRUG	RIJUANA					1 1						
INJU	RIES	SEATING POSITION		AIR BAG		OL CLAS	s	OL RESTRIC	TION(S) [DRIV	ER DISTRA	CTION	1	T	EST STA	TUS	
1 - FATAL	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEI			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT				DISTRACTED	EINC AN		1 - NONE			
3 - SUSPECTED		2 - FRONT - MIDDLE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LE			ELE	CTRONIC COMM	IUNICATIO	3 - IEST GIVEN, CUNTAMINAT				
	4 - POSSIBLE INJURY 3 - FRONT - R 4 - SECOND - 4 - SECOND -			ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER			DIA	LING)				CIVEN RES	ABLE Sults known	
MOTORCYCLE PASS		(MOTORCYCLE PASSENGER)	5 - NOT API 9 - DEPLOY	PLICABLE /MENT UNKN	OWN	5 - M/C MOPED ONLY		5 - EXCEPT CLASS 6 - EXCEPT CLASS		3		KING ON HANDS IMUNICATION D			5-TEST	GIVEN, RES		
INJURED 1 - NOT TRANSP	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO				KING ON HAND- IMUNICATION D			UNKN			
/TREATED A		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		JECTION		OL ENDORSE	MENT	8 - INTERMEDIATE			- OTH	ER ACTIVITY W	ITH AN		ALCO 1 - NONE		ST TYPE	
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJE 2 - PARTIA	ECTED LLY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	RMIT	6		CTRONIC DEVIC SENGER	,t		2 - BL00			
9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE		9-THIRD - RIGHT SIDE		-TOTALLY EJECTED P - PASSENGER							7 - OTHER DISTRACTION INSIDE THE VEHICLE				3 - URINE 4 - BREATH			
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT API	PLICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO DAY			3 - OTH	ER DISTRACTIO			5 - OTHE			
1 - NONE USED	ENCLOSED CARGO AREA			RAPPED		R - THREE-WHEEL MC	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE 9-OTHER/UNKNOWN DRUG TEST TY					TYPE			
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TR) 3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRIC				S - SCHOOL BUS T - DOUBLE &TRIPLETRAILERS 13 - MECHANICAL (SPECIAL BRA			MES, HAND				1 - NONE						
1 GHOOLDER WEEK BEEK GOED		12 - PASSENGER IN UNENCLOSED CARGO AREA				X - TANKER / HAZMAT ADAPTIVE DEV		the second secon			2 - BLOOD 3 - URINE							
	FORWARD FACING 13-TRAILING UNIT			ECHANICAL M	EANS			14 - MILITARY VEHI 15 - MOTOR VEHICLE				SICAL IMPAIRM		4 - OTHER				
	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES		' 3		OTIONAL (E.G., DE RY, DISTURBED)	PRESSED,	DRUG TEST RESULT			ESULT(S)		
7 - BOOSTER SEAT 15 - NON-MOTORIS		15 - NON-MOTORIST						16 - OUTSIDE MIRRO 17 - PROSTHETIC AI			- ILLN	IESS L ASLEEP, FAINT	TED			HETAMINES		
8 - HELMET US 9 - PROTECTIVE		99 - OTHER / UNKNOWN						18 - OTHER			FATI	GUED, ETC.				ODIAZEPIN	ES	
(ELBOW, KNE	EES, ETC.)									6	OF N	ERTHE INFLUE MEDICATIONS / D				ABINOIDS		
	10 - REFLECTIVE CLOTHING									9		COHOL ER/UNKNOWN			5 - COCA 6 - OPIAT	INE res/opioid	OS .	
/ BICYCLE Of	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY														7 - OTHE	R		
99 - OTHER / UNKNOWN														1	B - NEGA	TIVE RESU	LTS	

OCCUPANT / WITNESS ADDENDUM							2 0 2 3	- 0 0		7 5	0				
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDE						
į.	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT DUONE						
OCCUPAN	ADDRESS:	: SIREEI, CIIY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
<u>ğ</u> _	INJURIES INJURED EMS Agency (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT														
	1	TAKEN BY			USED			MC HELMET		ļ	ı ı				
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE							
	1 1								1 1 1						
NAG	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE					
OCCUPAN															
٥	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
9		ВУ													
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE	OF BIRTH		AGE	GENDER			
낟	ADDRESS:	: STREET, CITY,	STATE 7IP					CONTACT PHONE	INCLUDE AREA COL						
OCCUPAN	ADDICEOU		51A12,211					- CONTROLL HONE	- INCEUDE AREA GOI						
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY B			DOT-COMPLIANT SEATING POSITION		AIR BAG USAGE EJECTI		ON TRAPPED			
ı		TAKEN BY					USED	MC HELMET							
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE	OF BIRTH		AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP									ے لیسے					
OCCUPAN									CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED	EMS Agency (NAME)		IN HIDED TAKEN TO MEDICAL FACULT	EN (NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	ATD DAG HEAGE	FIECTION	TDADDED			
ı	INJURIES	TAKEN BY	EINIS AGENCY (NAIME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPM USED			DOT-COMPLIANT	SEATING PUSITION	AIR BAG USAGE	EJECTION	IRAPPED			
i		INJU	RIES	SAFETY	/ EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA	AL		1 - NONE US			T – LEFT SIDE		1 - NOT DE	PLOYED					
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 2 - SHOULDE				OCCUPANT ER BELT ONLY USED		ORCYCLE DRIV T – MIDDLE	ER)	2 - DEPLOYED FRONT						
					ΓONLY USED		T – RIGHT SIDI		3 - DEPLOYED SIDE						
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 4 - SHOULDE				ER & LAP BELT USED		ND – LEFT SID ORCYCLE PASS		4 - DEPLOYED BOTH FRONT/SIDE							
	5 - CHILD RE				ESTRAINT SYSTEM – D FACING		ND - MIDDLE	\E	5 - NOT APPLICABLE						
	1 - NOT	TRANSPOR			ESTRAINT SYSTEM –		ND – RIGHT SII D – LEFT SIDE	JE	9 - DEPLOYMENT UNKNOWN						
/TREATED AT SCENE REAR FAC					CING		ORCYCLE SIDE D – MIDDLE	CAR)	EJECTION						
2 - EMS 7 - BOOSTER						9 - THIR	ECTED LLY EJECTE	TED.							
	3 - POLICE 8 - HELMET 9 - OTHER / UNKNOWN 9 - PROTECT				IVE PADS USED	10 - SLEE	.ט								
					KNEES, ETC.)	CARG	ENGER IN OTH O AREA (NON-TI	RAILING UNIT,	3 - TOTALLY EJECTED 4 - NOT APPLICABLE						
					TIVE CLOTHING		PICK-UP WITH CAI ENGER IN UNE		TRAPPED						
				/ BICYCLI	G – PEDESTRIAN E ONLY		O AREA LING UNIT		1 - NOTTRAPPED						
				99 - OTHER /	UNKNOWN	14 - RIDIN	IG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANIC MEANS			CAL			
						(NON-TRAILING UNIT) 15 - NON-MOTORIST				BY NON-ME	CHANICAL				
							R/UNKNOWN		MEANS						
S		ST, FIRST, MIDD							OF BIRTH		AGE	GENDER			
WITNESS		PH, JUDSO						0 1 / 1			4 9	M			
ΙM		: STREET, CITY,	STATE, ZIP RD THORNVILLE	, OH 43076				CONTACT PHONE - INCLUDE AREA CODE							
8		ST, FIRST, MIDD		,				DATE OF BIRTH AGE GENDER							
ESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
Y IM															
5															
SS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								TACT PHONE - INCLUDE AREA CODE						
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