OF PUBLIC SAFETY TRAFFIC CRASH	2023-	OCAL REPORT NUMB								
PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR									
SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME* Heath PD	NCIC*	1 - SOLVED	0 2	0 1 98 - ANIMAL 99 - UNKNOWN					
COUNTY* LOCALITY* LOCATION: CIT 1 - CITY LOCATION: CIT 2 - VILLAGE HEATH	CRASH DATE / TIME * CRASH SEVERITY									
3 - TOWNSHIP	07152023 1331 5 2 - SERIOUS INJURY SUSPECTED									
ROUTE TYPE ROUTE NUMBER PREFIX 1-NURIH 2-SOUTH 3-EAST 4 WEST	LOCATION ROAD NAME		ROAD TYPE	-designation of the dispersional	ARTHUR CONTROL OF STREET, STRE	3 - MINOR INJURY				
	LINNVILLE REFERENCE ROAD NAME (ROAD	OHEE #1	ROAD TYPE		O 3 7 9 0 6 LONGITUDE DECIMAL DEGREES 3 - MINUR INJURY SUSPECTED 4 - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	484	D, MILLI 031, 110	003E # <i>y</i>	KOADTHE	-82 _. 4 ₀ 1		5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE			INTERSECTION RELA				
1-INTERSECTION 1-NORTH IR		L - ALLEY W - AVENUE	HW-HIGHWAY LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPR	OACH			
3- HOUSE # 3- EAST	- STATE ROUTE	L - BOULEVARD		ST - STREET	WITHIN INTE	RCHANGE AREA N	UMBER OF APPROACHES			
DISTANCE DISTANCE CR	NUMBERED COUNTY ROUTE C	TE - TERRACE TL - TRAIL	Missesser 12	ROADWAY						
1-MILES TR 2-FEET	ROUTE	R - DRIVE	PI - PIKE	WA - WAY	ROADWAY DIVIDED					
3-YARDS		IE - HEIGHTS	PL - PLACE							
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVE	R 1 - NO	T COLLISION 4	H COLLISION/IM I - REAR-TO-REA		DIRECTION OF TRAVE 1 - NORTH	Name of the state	IAN TYPE D FLUSH MEDIAN			
A STATE OF THE STA	TV	/O MOTOR ,	- BACKING		2 - SOUTH	(<4 FE				
4 - ON ROADSIDE 12-SHARED U		THELLS IN	- ANGLE ' - SIDESWIPE, S	AME DIRECTION	3 - EAST 4 - WEST	(≥4 FE	ET)			
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANG	.		3 - SIDESWIPE, 0 9 - OTHER / UNKN		3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER / UI	Ή				(ANY TYPE) 9 - OTHER/UNKNOWN					
	WORK ZONE TYPE	LOCATIO	N OF CRASH IN	WORK ZONE	CONTOUR	CONDITIONS	SURFACE			
	LANE CLOSURE		BEFORE THE 1S	T WORK ZONE	, 1	, 1	2			
]	LANE SHIFT/CROSSOVER WORK ON SHOULDER	1.0	ADVANCE WAR	ING AREA	REA 1-STRAIGHT LEVEL 1-DRY 1-CON					
LAW ENFORCEMENT PRESENT	OR MEDIAN INTERMITTENT OR MOVING WOF		TRANSITION AF		2 - STRAIGHT GRADE	BITUMI				
	OTHER	8508	TERMINATION		3 - CURVE LEVEL	3 - CURVE LEVEL 3 - SNOW ASPHALT				
LIGHT CONDITION	WEAT	HER			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,			
1 - DAYLIGHT 2 - DAWN/DUSK	1 - CLEAR 2 - CLOUDY	6 - SNOW	CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING	STONE			
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOI	KE 8-BLOWING	G SAND, SOIL, DI			MOVING)	' 5 - DIRT 9 - OTHER/UNKNOWN			
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZIN 99 - OTHER /	IG RAIN OR FREI / UNKNOWN	EZING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	y- of HER ONKNOWN			
9 - OTHER / UNKNOWN) - OTHEROUNINGWIN				
NARRATIVE			F				Indicate the north			
Unit 2 was stopped on Linny	_		e l			\mathcal{A}	an "N" on the compass diagram.			
the vehicle in front of them Linnville. Unit 1 was traveling	•				ScenePD ™ - Evaluation Edition					
rear ended Unit 2.	ig east on Limitine	anu	Evaluation Edition	Evaluation Evaluation Edition	Evaluation Edition Edition					
real chaca offic 2.					Evaluation Evaluation Edition	Evaluation E Evaluation Edition Edition	dition			
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		Evaluation Edition	484 Linnville Rd Evaluation Evaluation	Evaluation Edition	Not To Scale					
		January Landon		Evaluation Evaluation Edition	Evaluation Edition Edition	dition				
			Evaluation Edition	Evaluation Evaluation Edition						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARF	RIVAL DATE / TII	NE T	SCENE CLEARED	DATE/TIME	REPORT TAKEN BY			
SAMPLE STORY OF STREET AND STREET STR		07152		No.	7152023	-100-cvi-vic negatives:	POLICE AGENCY			
TOTAL TIME OTHER TOTAL	L OFFICER'S NAME*		CHECKED BY OFFI		[MOTORIST				
ROADWAY CLOSED INVESTIGATION TIME MINU	Kiseri		Markley	OFFICE DIS BAROT :	IIIMPED*	SUPPLEMENT (CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO ODPS)				
2 0 5 1	0 7 -	ADGE NUMBER	5 3	0 7	SY OFFICER'S BADGE I	4 7	COLUMN CHARLES AND SHEEL DAYMERS			

OHIO DEF OF PUBLI SAFETY - SERVE	CHIO DEPARTMENT OF PUBLIC SAFETY BURGET-HOTTERIST / NON-MOTORIST / NON-MOTORIST						2 0	2 0 2 3 - 0 0 0 0 7 9 4 5									
UNIT #										D	ATE OF	BIRTH		AGE	GENDER		
01	Weishaar, Amelia								0 3 / 1 4 / 1 9 7 7 4 6 F								
	: STREET, CITY, STATE, ZIP Chard TER Sewickley, PA 15143									CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		EQUIPMENT	T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
NON 5	TAKEN BY							USED	0 4		F-COMPLIA HELME	NT	1	1	1	1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	OFFENSE CHARGED LOCAL OFFE			OFFE	NSE DESC	RIPTION			CITATIO	N NUMBER			
									ALCOHOL TEST				RUG TEST(¢)			
OL CLASS	ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIV DIST		VER Tracted	TED ALCOHOL / DRUG SUSPECTED CONDIT		IDITION							LT SELECT UP TO 4				
4				1	0	THER DRUG		1	L	1	1	• 📖		1	1		
UNIT#	NAME: LAST, FIRST, MIDDLE											ATE OF			AGE	GENDER	
0 2		KEELY RAEANN								0 7 / 1 2 / 1 9 9					2 9	_ _F	
6471 A	STREET, CITY, STA	ate,zip ND NEW ALBANY, O	н 43054	ı						CONTA	CT PHO	NE - INCL	UDE AREA C	ODE			
o ≥ INJURIES	INJURED I	EMS AGENCY (NAME)			TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		EQUIPMENT	SEATING POSITION A			N AIR BAG US	AIR BAG USAGE EJECTION TRAPPED			
NON 5	TAKEN BY							USED	0 4	DOT-COMPLIANT O 1			1	1 1 1			
ADDRESS: 6471 A INJURIES OL STATE OL H OL CLASS	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL OF			OFFE	OFFENSE DESCRIPTION			CIT			FATION NUMBER			
OH				VER				CONDITION			OHOL TEST			DRUG TEST(S)			
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED		_	ECTED RIJUANA			STATUS				STATUS T	YPE RESU	LT SELECT UP TO 4	
_4	<u></u>			1 OTHER DRUG			. :	<u> </u>	1 1			1					
UNIT #	NAME: LAST, F							D	ATE OF	BIRTH		AGE	GENDER				
Anness:	STREET CITY ST					CONTA	CT DUO	NE INCL	UDE AREA O								
	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE																
ADDRESS:		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		EQUIPMENT		T-COMPLIA	SEATI	NG POSITION	N AIR BAG US	AGE EJECTIO	N TRAPPED	
NON /	TAKEN BY						USED	FENSE DESCRIPTION		HELME	LMET		J L				
OL CLASS	OPERATOR L	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			OFFE	NSE DESC	RIPTION	RIPTION		CITATIO	CITATION NUMBER			
OL CLASS	S ENDORSEMENT RESTRICTION SELECT UP TO 3 DRI				LLL Ected	CONDITION		ALCOHOL TEST		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4							
	SELECT UP TO 2		BY	TRACTED	ALCOHOL MARIJUAN		RIJUANA			STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP					
L	RIES	SEATING POSITION		IR BAG	<u></u> □ 0	THER DRUG OL CLASS	c	01	RESTRIC	TION(S)		• LLL	DISTRACT	FTON	TEST ST	ATUS	
1 - FATAL	RIES	1 - FRONT - LEFT SIDE	1 - NOT DEP			1 - CLASS A	5	4	COHOL INTER			NOT DISTR			NONE GIVEN	ATUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYE					L INTRASTAT				Y OPERATING	LOATION	TEST REFUSED			
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOYE	ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS				3 - CORRECTIVE LENSES 4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
5 - NO APPAREN		4 - SECOND - LEFT SIDE 5 - NOT APPLICABLE			(0H10 - D)				5 - EXCEPT CLASS A BUS			3 - TALKING ON HANDS-FREE		REE 4	4 - TEST GIVEN, RESULTS KNOWN		
(MOTORCYCLE PAS		(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		MENT UNKNO	OWN	5 - M/C MOPED ONLY		6 - EX	CEPT CLASS			COMMUNI	CATION DEVI	CE 5	TEST GIVEN, R UNKNOWN	ESULTS	
1-NOTTRANSPORTED 5-SECOND-RIGHT SIDE								CLASS B BUS CEPT TRACTO	TOR-TRAILER 4-TALKING ON COMMUNICA				ND-HELD		er type-		
/TREATED AT	/TREATED AT SCENE 7 - THIRD - LEFT SIDE		EJECTION OL ENDORSEMENT			8 - IN	8 - INTERMEDIATE LICENSE			5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			ALCOHOL TEST TYPE 1 - NONE				
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJECTED 2 - PARTIALLY EJECTED						RESTRICTIONS 9 - LEARNER'S PERMIT			6 - PASSENGER			2 - BL00D		
	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE					P - PASSENGER		RESTRICTIONS			7 - OTHER DISTRACTION		3 - URINE				
SAFETYE	SAFETY EQUIPMENT 10 - SLEEPER SECTION OF TRUCK CAB		4-NOTAFFLICABLE 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	1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA			R-THREE-WHEEL MOTORCYCLE 12-LIMITED - OTH				ER THE VEHICLE 9 - OTHER / UNKNOWN				DRUG TEST TYPE					
		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRAPPED 2 - EXTRICATED BY			S-SCHOOL BUS (SPECIA			MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION			1 - NONE 2 - BLOOD			
4 - SHOULDER & LAP BELT USED		12 - PASSENGER IN UNENCLOSED CARGO AREA	ER IN UNENCLOSED MECHANICAL MEANS			X - TANKER / HAZMAT ADAPTIVE DEV			CES) 1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE					
5 - CHILD RESTE FORWARD FA	RAINT SYSTEM – ACING	13 - TRAILING UNIT	IT NON-MECHANICAL MEANS			14 - MILITARY VEH 15 - MOTOR VEHICI				- AMERICAN				1 VIIIER			
6 - CHILD REST	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				AIR BRAKES			ANGRY, DISTURBED				D		RESULT(S)		
7 - BOOSTER SE		15 - NON-MOTORIST							TSIDE MIRRO					1 - AMPHETAMINES 2 - BARBITURATES			
8 - HELMET USI		99 - OTHER / UNKNOWN						18 - OT			F	FATIGUED,	ETC.	3-	- BENZODIAZEP		
9 - PROTECTIVE (ELBOW, KNE											6- UNDER THE INFLUEN OF MEDICATIONS / DR			E 4	A CANNARINGIDS		
10 - REFLECTIVE											1	ALCOHOL		5	- COCAINE	IDS	
	11 - LIGHTING – PEDESTRIAN / BICYCLE ONLY										9- (OTHER / UN	NWUMN		6 - OPIATES / OPIOIDS 7 - OTHER		
99 - OTHER / UNK												8-	NEGATIVE RES	ULTS			

Î	OHIO DEF	OFF DIABLE PARTITION OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
V	WITH SENSE PRINCIPAL OCCUPANT / WITINESS ADDENDUM						2023	3 - 0 0	0 0 7	94	5				
	UNIT #	NIT # NAME: LAST FIRST MIDDLE							DATE OF BIRTH AGE GENDER						
	01	Simon,	Peter		0 2 / 1 0 / 1 9 7 6 4 7 M										
	ADDRESS:	STREET, CITY,				CONTACT PHONE - INCLUDE AREA CODE									
OCCUPANT			R Sewickley, PA 15	5143											
ğ		INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TV (NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	ATD BAG IISA	E FIECTION	TDADDED			
	. 5	TAKEN BY	ENIS AGENCY (NAME)		INJURED TAKEN TO, WEDICAL FACILI	IT (NAME, CITY)	DOT-COMPLIA	NT	1		1				
5							0 4				11				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					ATE OF BIRTH		AGE	GENDER				
	01	Simon,						1 1 / 0 1 / 2 0 1 0 1 2 M							
OCCUPAN	ADDRESS:	: STREET, CITY,	STATE, ZIP				CONTACT PHO	NE - INCLUDE AREA CO	DE						
冒			R Sewickley, PA 15	5143			_								
٦	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIA		AIR BAG USA	GE EJECTION	TRAPPED			
	5	BY					0 4	MC HELME	0 3	1	1	_1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER							
	01	Simon,	Lola					0 8 / 2 6 / 2 0 1 7 5 F							
M	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT	732 Ord	chard TE	R Sewickley, PA 15	5143											
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT	DOT-COMPLIA	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED				
	5	BY					0 7	MC HELME		1	1	1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					D	ATE OF BIRTH		AGE	GENDER			
	01	Simon,	Malkom		1 2 / 1	5 / 2 0	1 2	1 ,0	М						
Z	ADDRESS:	STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT	732 Ord	chard TEI	R Sewickley, PA 15	5143											
8		INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAG	GE EJECTION	TRAPPED			
	. 5	TAKEN BY					USED 0 4	DOT-COMPLIA		1	1	1			
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG	USAGE				
I	1 - FATA			1 - NONE US			IT – LEFT SIDE		1 - NOT DE						
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 1 - NOT TRANSPORTED			OCCUPANT	ER)	YED FRON	Т								
				ER BELT ONLY USED	=	3 - DEPLO	3 - DEPLOYED SIDE								
				T ONLY USED	IT – RIGHT SIDI IND – LEFT SIDI		4 - DEPLO	4 - DEPLOYED BOTH							
				ER & LAP BELT USED (MOTORCYCL)			ENGER)	FRONT							
L				ESTRAINT SYSTEM – D FACING	ND – MIDDLE ND – RIGHT SII	n F		5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN							
ľ				ESTRAINT SYSTEM -	D – LEFT SIDE	JL .	9 - DEPLO								
					ORCYCLE SIDE	CAR)		EJECT	ION						
				RSEAT	D – MIDDLE D – RIGHT SIDE		1 - NOT EJ	1 - NOT EJECTED							
Į					PER SECTION (2 - PARTIA	2 - PARTIALLY EJECTED							
				TIVE PADS USED KNEES, ETC.)	ENGER IN OTH			3 - TOTALLY EJECTED							
				TIVE CLOTHING	O AREA (NON-TI PICK-UP WITH CAI		4 - NOT AF	4 - NOT APPLICABLE							
					NG _ PEDESTRIAN 12 - PASSENGER IN UN			NCLOSED		TRAPPED					
							O AREA LING UNIT		1 - NOTTR	1 - NOTTRAPPED					
				99 - OTHER /	UNKNOWN		NG ON VEHICLE	EXTERIOR		2 - EXTRICATED BY MECHAN MEANS					
							TRAILING UNIT)		3 - FREED		IECHANIC	ΔI			
							MOTORIST ER/UNKNOWN		MEANS		IECHANIC	AL			
	NAMELIAS	ST, FIRST, MIDD	l F			77- OTTIC	IN / OININIO WIN	l n	ATE OF BIRTH		AGE	GENDER			
SS	HAME. LAC	51, 1 INO1, MIDD									AUL	GENDEN			
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP						NE - INCLUDE AREA CO	DE					
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2	NAME: LAS	ST, FIRST, MIDD	LE					D	ATE OF BIRTH		AGE	GENDER			
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ľ	NAME: LAS	ST, FIRST, MIDD	LE					D	ATE OF BIRTH	·	AGE	GENDER			
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