OHIO DEPARTMENT TO PUBLIC SAFETY SAFETY SERVICE + PROJECTION	RASH F		LOCAL REPORT	NUMBER*	:												
PHOTOS TAKEN OH-2 OH-2 OH-3 COCAL INFORMATION WE PHOTOS TAKEN OH-2 OH-3								2023	000	0 8	0 1 7						
SECONDARY CRASH		REPORTING AGEI		HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 0 2 98 - ANIMAL													
COUNTY* LOCALITY*	CITY LOG	ATION: CITY,	VILLAGE, TOWNSHI	p *	CRASH DATE / TIME* CRASH SEVERITY												
4 5 1 2-1 3-1	IEATH	0,7172023, 1413, 5 1- FATAL 2- SERIOUS INJURY															
ROUTE TYPE ROUTE NU	- SOUTH	LOCATION ROAD I	NAME			ROAD TYPE	LATITUDE DECIMAL DEGREES SUSPECTED										
			INDUSTR				P Y ROAD TYPE		3 2 5		SUSPECTED						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)					LONGITUDE	INJURY POSSIBLE PROPERTY DAMAGE								
	<u> </u>	- EAST - WEST	508 HOPE	WELL DR				-82,4,2,6			ONLY						
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE 1 - NOF	IR -	ROUTE TYPE INTERSTATE ROU		ROAD T		D - ROAD	l —	INTERSECTION OF C		10						
3 2 - MILE POST 3 - HOUSE #	2 - SOL	TH US -	FEDERAL US ROU		- AVENUE LA - LAN		Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH									
DISTANCE	4 - WE:		STATE ROUTE	CR	- BOULEVARD MP - MILE - CIRCLE OV - OVAL		T - STREET E - TERRACE										
FROM REFERENCE	FROM REFERENCE UNIT OF MEASURE TO NUMBER OF TOWNSLIP CT - COURT PK - PARKWAY TL -TRAIL							ROADWAY									
	2-FEET ROUTE DR - DRIVE PI - PIKE WA-WAY HE - HEIGHTS PL - PLACE									ROADWAY DIVIDED							
	N OF FIRST HARM				NER OF CRASH COLLIS		ст	DIRECTION OF TRAVE	i Gri	MEDIAN	35-35-27 76-45						
1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION 4 - REAR-TO-REAR 1 - ON ROADWAY 5 - BETWEEN 5 - BACKING TWO MOTOR 5 - BACKING								1 - NORTH , , 2 - SOUTH	.USH MEDIAN)								
3 - IN MEDIAN 11-RAILWAY GRADE CROSSING VEHICLES IN 6-							DIRECTION	- DIVIDED FLUSH MEDIAN (≥4 FEET)									
5 - ON GORE	10	TRAILS BIKE LANE	L I AITIO OK	2 - REAL	R-END 8-SIDESV	/IPE, OPPO	SITE DIRECTION	4 - WEST	EPRESSED MEDIAN								
6 - OUTSIDE TR 7 - ON RAMP	14-	TOLL BOOTH		3 - HEA	D-ON 9-OTHER	/ UNKNOW	/N	4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN									
8 - OFF RAMP	99-	OTHER/UNI	CNOWN														
WORK ZONE RELA	TED	1-1	WORK ZONE TYP ANE CLOSURE	PE	LOCATION OF CRA			CONTOUR 2	CONDIT 1	IONS	SURFACE 2						
WORKERS PRESEN	IT	2 - L	ANE SHIFT/CROS	HIFT/CROSSOVER WARNING SIGN					1 - STRAIGHT LEVEL 1 - DRY								
LAW ENFORCEMEN	NT PRESENT		VORK ON SHOULD OR MEDIAN		3-TRANSIT	ION AREA		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS,									
ACTIVE SCHOOL ZO					INTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA OTHER 5 - TERMINATION AREA					3 - CURVE LEVEL 3 - SNOW							
LIGHT	CONDITION			WEATHER					4 - CURVE GRADE 4 - ICE 3 - BRIC 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAG								
1 - DAYLIGHT			1 - CLE	EAR	6 - SNOW			9 - OTTLIOONKNOWN	OIL, GRAVE	VEL STONE							
2 - DAWN/DUSK 3 - DARK – LIGH		2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW					6 - WATER (STANDING, MOVING) 5 - DIRT										
4 - DARK – ROAI 5 - DARK – UNKI		4 - RAI	IN EET, HAIL		9 - OTHER/UNKNOWN												
9 - OTHER / UNK		LIGHTING	3 - 021	-EN URIE	99 - OTHER / UNKNOV	e.n			9 - OTHER/UN	KNOWN							
NARRATIVE					F.1	1 1				N	Indicate the north						
UNIT #1 WAS											an "N" on the compass diagram.						
FROM THE IN								ScenePD ™ - Evaluation Edition									
#2 WAS BACI UNIT #1 STO						Evalu ion Edition	Evaluation ation Edition	Evaluation Edition a Edition									
PARKWAY AN						1	1 1	Evaluation Evaluation Edition	Evaluation Edition Edition	Evaluation Edition							
HOPEWELL D					Evalua	Evalu ion Edition	Evaluation ation Edition	n Edition	608 HOPEW	Evaluation Edition							
STRUCK UNIT #1. UNIT #2 WAS ON PRIVATE									1								
PROPERTY WHEN IT STRUCK UNIT #1.																	
						DUSTRIAL PARKWAY	Evaluation	Evaluation Evaluation Edition	Edition	-							
					Evalua	Evalution Edition	and contion		N Evaluation Edition	Evaluation Edition							
						Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Not To Scale											
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition																	
					Evalua	Evalu	Evaluation ation Edition	Evaluation Edition									
001011011111	DATE / TILL-	T =	TERATOU PATE	TIME				Trancite (877) 908-4777	DATE /TIME	-+	PODT TAKEN 5"						
0 7 1 7 2 0 2 3		10	01SPATCH DATE / 1	ALERONAL O	ARRIVAL DA		424	SCENE CLEARED	DAIE / IIME	-	PORT TAKEN BY POLICE AGENCY						
07172023 1413 07172023 1416 07							CHECKED BY OFFICER'S NAME*										
						mart	OLN S NAME			SUPPLEMENT (CORRECTION OR ADDITION							
	THE CONTRACTOR OF THE CONTRACT							BY OFFICER'S BADGE NUMBER* - 1 3 8									
			0	7 -	1 3 (ען _י			5 0								

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DEI OF PUBLI SAFETY - SERV	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST								2 0 2 3 - 0 0 0 0 8 0 1 7										
UNIT#	WRIGHT, MAKAYLA EILEEN										DATE 0	F BIRTH			AGE	GENDER			
0 1								0 5	- 1		/ 1		5	2 8	F				
	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE																		
<u> </u>	VALLEY VIEW DR S NEWARK, OH 43056 IES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT										l er	ATING POSIT	ION ATD	DAG HGAG	E E LEGITION	TDADDED			
INJURIES ON 5	TAKEN BY				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED O .4 .					T-COMPLI HELME	IANT	D 1	IUN AIR	BAG USAG	E EJECTION	TRAPPED 1			
OL STATE	OPERATOR L	ICENSE NUMBER	OFFEN:	SE CHAR	RGED	LOCAL	OFFENSE DESC				CI	CITATION NUMBER							
о н			CODE										GATALIZATI NO MIZZAT						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	OHOL / DRUG SUSP		CONDITION	STATUS	ALCOH TYPE		ST /ALUE	STATI		UG TEST(S	T SELECT UP TO 4			
. 4	ļ		BY	1	=	LCOHOL MAI THER DRUG	RIJUANA	1	1 .	.1			1	1					
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH				AGE	GENDER				
0.2	FOWLER, JESSICA ANN								0 9 / 0 3 / 1 9 8 2 4 0 F										
ADDRESS:	IRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE								
ADDRESS:	47 KYBER RUN CR JOHNSTOWN, OH 43031																		
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT	DOT-COMPLIANT				ION AIR	BAG USAG		TRAPPED				
S 5	ВУ						0 4	MC HELMET 0 1			_ _	1 1							
OL STATE	OPERATOR L	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	FENSE DESCRIPTION						CITATION NUMBER				
O H OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UP TO 3 DRIV	VED.	/ER ALCOHOL / DRUG SUSPECTED			ACHRITION			COHOL TEST			DRUG TEST(S)					
≥ UL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED	_	_	RIJUANA	CONDITION	STATUS	TYPE	\	/ALUE	STATU			T SELECT UP TO 4			
4				1	01	THER DRUG		1	1	1			1	11					
UNIT#	NIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDE										
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTA	ACT PHO	ONE - IN	ICLUDE AREA	CODE						
	INJURED	EMS AGENCY (NAME)		INJUDED:	TAKENTO	. MEDICAL FACILITY	(NAME OF TAX	CAFETY FAIIDMENT			CE/	ATING POSIT	ION ATD	DAC HEAC	E EJECTION	TRAPPED			
NON	TAKEN BY	EMS AGENOT (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFET			USED		T-COMPLI HELME	IANT	,	ION AIR	BAG USAG	ESECTION	IKAFFED				
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL			OFFENSE DESC	;RIPTION			CI	CITATION NUMBER							
					CODE														
≥ OL CLASS	ENDORSEMENT RESTRICTION SELECT UP TO 3 SELECT UP TO 2			IVER ALCOHOL / DRUG S		_		CONDITION		ALCOH TYPE	OHOLTEST YPE VALUE S		STATU			TEST(S) RESULT SELECT UP TO 4			
	ļ		BY		=	LCOHOL MAI THER DRUG	RIJUANA												
INJU	JRIES	SEATING POSITION	A	IR BAG		OL CLAS	S	OL RESTRIC	TION(S)		RIVER	DISTRA	CTION		TEST ST	TUS			
1 - FATAL	1 - FRONT - LEFT SIDE			1 - NOT DEPLOYED 1 - CLASS A				1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY			1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN			1 - NONE GIVEN					
	ID SERIOUS INJURY 2 - FRONT - MIDDLE		2 - DEPLOYED FRONT 2 - CLASS B 3 - DEPLOYED SIDE 3 - CLASS C				3 - CORRECTIVE LENSES			ELECTRONIC COMMUNICATI DEVICE (TEXTING, TYPING,			3- IEST GIVEN, CONTAININATED						
	POSSIBLE INJURY 3 - FRONT - RIGHT SIDE NO ADDRAGENT INJURY 4 - SECOND - LEFT SIDE		4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS (0HI0 = D)					4 - FARM WAIVER		DIALING)			A_TEST CIVEN DESILTS KNOWN						
	(MOTORCYCLE PASSENGER)		9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY					5 - EXCEPT CLASS	3 - TALKING ON HANDS-FRE COMMUNICATION DEVIC				:E						
	INJURED TAKEN BY 1 - NOTTRANSPORTED 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE			6 - NO VALID OL				& CLASS B BUS 7 - EXCEPT TRACTO	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE										
/TREATED A	/TREATED AT SCENE 7 - THIRD - LEFT SIDE 2 - EMS (MOTORCYCLE SIDE CAR)		EJECTION OL ENDORSEMENT				MENT	8 - INTERMEDIATE RESTRICTIONS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				1 - NONE						
3 - POLICE	POLICE 8-THIRD - MIDDLE		1 - NOT EJECTED H - HAZMAT 2 - PARTIALLY EJECTED M - MOTORCYCLE					9 - LEARNER'S PERMIT			6 - PASSENGER				2 - BLOOD 3 - URINE				
9 - OTHER / UNK	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION		3 - TOTALLY EJECTED P - PASSENGER 4 - NOT APPLICABLE N - TANKER					RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY			7 - OTHER DISTRACTION INSIDE THE VEHICLE			4 - BREATH					
	SAFETY EQUIPMENT OF TRUCK CAB			Q - MOTOR SCOOTER				11 - LIMITED TO EMPLOYMENT			8 - OTHER DISTRACTION OUTSIDE THE VEHICLE			E 5 - 01	5 - OTHER				
	ENCLOSED CARGO AREA			1 NOTTDADDED				12 - LIMITED – OTHER 13 - MECHANICAL DEVICES			9 - OTHER / UNKNOWN				DRUG TEST TYPE				
	3 - LAP BELT ONLY USED PICK-UP WITH CAP)		2 - EXTRICATED BY MECHANICAL MEANS S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILE				TRAILERS	(SPECIAL BRAKES, HAND CONTROLS, OR OTHER			CONDITION				1 - NONE 2 - BLOOD				
	& LAP BELT USED RAINT SYSTEM –	CARGO AREA	3 - FREED BY			X - TANKER / HAZMAT	ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY			1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT			3 - URINE						
FORWARD FA	FORWARD FACING 13 - TRAILING 6 - CHILD RESTRAINT SYSTEM 14 - RIDING O		NON-MECHANICAL MEANS			14 - MILITARY V 15 - MOTOR VEH AIR BRAKE:					3 - EMOTIONAL (E.G., DEPRESSED,				4-OTHER				
REAR FACIN	G	(NON-TRAILING UNIT)	(NON-TRAILING UNIT)							ANGRY, DISTURBED) 4- ILLNESS				DRUG TEST RESULT(S) 1-AMPHETAMINES					
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN							17 - PROSTHETIC AID			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - B/	2 - BARBITURATES				
9 - PROTECTIVE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							18 - OTHER			6- UNDER THE INFLUENCE				3 - BENZODIAZEPINES 4 - CANNABINOIDS				
10 - REFLECTIVE									OF MEDICATIONS / DRUGS / ALCOHOL			5 - 00	5 - COCAINE						
11 - LIGHTING - I / BICYCLE OF										9- OTHER / UNKNOWN				6 - OPIATES / OPIOIDS 7 - OTHER					
99 - OTHER / UNKNOWN															8 - NEGATIVE RESULTS				