OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES N LOCAL INFORMATION	MANDATORY FIELD	FOR SUPPLEMI	ENT REPORT	2023-	OCAL REPORT NUMBE						
PHOTOS TAKEN OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR									
SECONDARY CRASH PRIVATE PROPERTY	Heath PD		0 4	507	1 - SOLVED LJ 2 - UNSOLVED	02	98 - ANIMAL 99 - UNKNOWN					
COUNTY* LOCALITY* 1 - CITY 4 5 1 2 - VILLAGE HEATH	CRASH DATE / TIME * CRASH SEVERITY 0.7192023											
3-TUWNSHIP	ROAD TYPE	LATITUDE DECIMAL DEGREES 2 - SERIOUS INJURY SUSPECTED										
S R 79 2-SOUTH 3-EAST	HEBRON	RD	4.0.0 2 0 1 4 6 3-MINOR INJURY SUSPECTED									
	REFERENCE ROAD NAME (ROA	5E #)	ROAD TYPE	LONGITUDE D		4 - INJURY POSSIBLE						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1149				-82,449	3 2 3	5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION FROM REFERENCE TO THE PROPERTY OF TH	ROUTE TYPE - INTERSTATE ROUTE(TP) A		OAD TYPE /- HIGHWAY R	D - ROAD	INTERSECTION RELATED							
2 MILE POST 2 COUTU	- FEDERAL US ROUTE	AV - AVENUE LA	- LANE S	Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH							
4 - WEST SR -	STATE ROUTE	R - CIRCLE OV		T - STREET E - TERRACE								
FROM REFERENCE UNIT OF MEASURE	NUMBERED TOWNSHIP			L - TRAIL VA - WAY	ROADWAY							
2 5 3 2 - FEET 3 - YARDS	ROUTE	VA - WAT	ROADWAY DIVIDED									
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER		NNER OF CRASH CO		СТ	DIRECTION OF TRAVE	All	AN TYPE					
0 1 2 - ON SHOULDER 10 - DRIVEWAY	ALLEY ACCESS 2 BE	ETWEEN 5-B	ACKING		1 - NORTH 2 - SOUTH	(< 4 FEE	1 - DIVIDED FLUSH MEDIAN (<4 FEET)					
4 - ON ROADSIDE 12 - SHARED US	RADE CROSSING VE	LITTOLLEGIN	NGLE IDESWIPE, SAME	DIRECTION	3 - EAST 4 - WEST	(≥4 FEE	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)					
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE			IDESWIPE, 0PP0 THER/UNKNOW			, DEPRESSED MEDIAN , RAISED MEDIAN						
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER/UN	···						(ANY TYPE) - OTHER/UNKNOWN					
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION O	F CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE					
1-	LANE CLOSURE LANE SHIFT/CROSSOVER		FORE THE 1ST V ARNING SIGN	WORK ZONE	1	1	_2					
3-	WORK ON SHOULDER OR MEDIAN	54 260 mm 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	VANCE WARNIN ANSITION AREA	manufacture of	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE					
4-	INTERMITTENT OR MOVING WOR	RK 4 - AC	TIVITY AREA RMINATION ARE		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS, ASPHALT					
	OTHER		KWIINAI ION AKI	-A	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK					
LIGHT CONDITION 1 - Daylight	1 - CLEAR	HER 6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
1 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMOH	7 - SEVERE CRO		SNOW		6 - WATER (STANDING, MOVING)						
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL		RAIN OR FREEZI			7 - SLUSH	9 - OTHER/UNKNOWN					
9-OTHER/UNKNOWN	3 SEEELY MALE	22-01/HEIN-00	UNISSIM			9 - OTHER/UNKNOWN						
NARRATIVE	h 12	CD 70				N N	Indicate the north direction with					
Unit 2 was stopped in traffic in the left hand lane. Unit 1 \	-					1 4	an "N" on the compass diagram.					
SR 79 behind Unit 2. The tra	-			Evaluation	ScenePD ™ - Evaluation Edition Evaluation Edition		· -					
1 rear ended Unit 2.		_	Evaluation Edition	Evaluation Edition SR 79 Evaluation Edition SR 79 Evaluation Edition Evaluation Edition								
Unit 1 failed to show up to date insurance. Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition												
	Evaluation Edition		Evafuation	Evaluation Ed Evaluation Edition	ition							
		=======================================	Evaluation Edition	eation Edition	Edition Edition	/ /						
			_ /		Evaluation	Evaluation Ed Evaluation Edition	ition					
			Evaluation Edition Evaluation Edition Evaluation Edition									
		Evaluation Edition Evaluation Edition Evaluation Edition										
			Evaluation Edition	lation Edition	Evaluation	Evaluation Ed Evaluation Edition	ition					
		F	Evalu Evaluation Edition	Evaluation ation Edition	Evaluation Edition Edition	Not To Scale						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARPIVA	AL DATE / TIME		Trancite (877) 908-4777 SCENE CLEARED	DATE / TIME	REPORT TAKEN BY					
Sought State of State of State	92023 1555			5 5 5 0	7192023	- independent positioners	THE RESERVE TO SERVE THE PROPERTY OF THE PERSON OF THE PER					
TOTAL TIME OTHER TOTA	L OFFICER'S NAME*		Сн	ECKED BY OFFI	CER'S NAME*		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINUT	Kiscii	BADGE NUMBER*	M	CHECKED E	SUPPLEMENT (CORRECTION ADDITION to by OFFICER'S BADGE NUMBER*							
2 0 3 3	0 7 -	1 5	3	0 7	- 1	4 7	une numerous en en engigeren hannen (n general) gestalan (n 1000 general). Till i					

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 0 8 1 0 8													
UNIT#										DATE OF	BIRTH			AGE	GENDER				
0 1	LEE, MATTHEW BRIAN S: STREET, CITY, STATE, ZIP								1 0 / 2 7 / 2 0 0 3 1 9 M										
2	ADDRESS: STREET, CITY, STATE, ZIP 645 KIMBERLY CT HEATH, OH 43056																		
INJURIES	RIES INJURED EMS AGENCY (NAME) INJURED TAKENTO: M						(NAME, CITY)	SAFETY	EQUIPMENT		T-Compli	SEATI	NG POSITIO	N AIR BAG	USAGE	EJECTION	TRAPPED		
5	BY							0 4	<u></u> Шмс	HELME	T 0	_ 1	11	1 1					
INJURIES 5 OL STATE					OFFENSE CHARGED LOCAL CODE			OFFE	NSE DESC	RIPTION				CITATION NUMBER					
OL CLASS	ENDORSEMENT							CON	IDITION			OHOLTEST 'PE VALUE STATU:			DRUG TEST(S) S TYPE RESULT SELECT UP TO				
. 4	SELECT UP TO 2	DIST BY		TRACTED ALCOHOL MAR 1 OTHER DRUG		RIJUANA	1		STATUS	TYPE	VAI	LUE	1	1	KESULI	SELECT UP TO 4			
UNIT #	NAME: LAST, F				CINER DRUG							OATE OF	BIRTH		<u> </u>	AGE	GENDER		
0 2											F								
ADDRESS	S: STREET, CITY, ST	ATE, ZIP								CONTA	CT PHO	NE - INCL	UDE AREA C	ODE	_		_		
4711 V		LOT N4 BUCKEYE L	AKE, OF			HERVALL BLAYLYBY													
ADDRESS 4711 V A711 V INJURIES OL STATE O H	IES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIF USED . 0 .					DOT-COMPLIANT O 1				N AIR BAG						
OL STATE	OPERATOR L	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL			OFFE	DFFENSE DESCRIPTION			CIT			TATION NUMBER				
OH					CODE														
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CON	IDITION	STATUS		VAI		STATUS	TYPE	RESULT	SELECT UP TO 4		
_ 4					1 OTHER DRUG			:	1 1 1			L			1				
UNIT #	NIT # NAME: LAST, FIRST, MIDDLE											DATE OF	BIRTH			AGE	GENDER		
D ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE									
TORI												1	1		1				
ADDRESS INJURIES	TAKEN			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT			N AIR BAG	USAGE	EJECTION	TRAPPED						
	BY OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL			0FFE	NSE DESC	RIPTION			CITAT	CITATION NUMBER						
OL STATE	1			CODE															
OL CLASS	ENDORSEMENT SELECT UP TO 2	SELECT UP TO 2 DIS		VER TRACTED		ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA		CONDITION		ALCOHOL TEST STATUS TYPE VALUE S			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4						
ı			BY		=	THER DRUG	KIJUANA	 r					, ,		ı				
	URIES	SEATING POSITION		IR BAG		OL CLAS	S	4	RESTRIC				ISTRAC	TION		ST STA	TUS		
1 - FATAL 2 - SUSPECTE	D SERIOUS INJURY	1 - FRONT - LEFT SIDE 1 - NOT DEP (MOTORCYCLE DRIVER) 2 - DEPLOY		PLOYED 1 - CLASS A ED FRONT 2 - CLASS B			1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY				1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN			1 - NONE GIVEN 2 - TEST REFUSED					
	D MINOR INJURY	IURY 2-FRONT-MIDDLE 3-DEPLOY					3 - CORRECTIVE LENSES				ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,			3 - TEST GIVEN, CONTAMINATED					
4 - POSSIBLE I	A CECOND LEET CIDE			ED BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = D)			4 - FARM WAIVER 5 - EXCEPT CLASS A BUS				DIALING)			SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN					
	(MOTORCYCLE PASSENGER) 9-DEPLOY		MENT UNKNOWN 5 - M/C MOPED ONLY				6 - EXCEPT CLASS A			3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			5 - TEST GIVEN, RESULTS UNKNOWN						
1 - NOT TRANS	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE			6 - NO VALID OL & CLASS B B				CLASS B BUS	np_TRAILER			N HAND-HELD ATION DEVICE							
/TREATED/				JECTION OL ENDORSEMENT 8-INTERM							5 - OTHER ACTIVITY WITH AN			ALCOHOL TEST TYPE 1 - NONE					
2 - EMS 3 - POLICE	0 THIRD MIDDLE		CTED H - HAZMAT LLY EJECTED M - MOTORCYCLE			RESTRICTIONS 9 - LEARNER'S PERMIT			6-	ELECTRONIC DEVICE 6 - PASSENGER			2 - BL00D						
	HER / UNKNOWN 9-THIRD - RIGHT SIDE 3-TOTALLY					RESTRICTIONS				7 - OTHER DISTRACTION			3 - URINE						
SAFETY E	10 - SLEEPER SECTION 0F TRUCK CAB 4 - NOT APPL			LICADLE N-TANKEK			10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT				INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE			4 - BREATH 5 - OTHER					
1 - NONE USED	E USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA			RAPPED R-THREE-WHEEL MOTORCYCLE 12-LI			12 - LIMITED - OTHER 13 - MECHANICAL DEVICES		THE VEHICLE 9 - OTHER / UNKNOWN				DRUG TEST TYPE						
	LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA		ATED BY T - DOUBLE & TRIPLETRALLERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER				CONDITION			1 - NONE 2 - BLOOD						
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA		MECHANICAL MEANS 3 - FREED BY X - TANKER NON-MECHANICAL MEANS			X - TANKER / HAZMAT		ADAPTIVE DEVICE 14 - MILITARY VEHICE		CES)		1 - APPARENTLY NORMAL			3 - URINE				
FORWARD F	FORWARD FACING 13 - TRAILING UNIT 6 - CHILD RESTRAINT SYSTEM 14 - RIDING ON VEHICLE EXTERIOR								15 - MOTOR VEHICLE AIR BRAKES		S WITHOUT 3-1		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER				
REAR FACII	REAR FACING (NON-TRAILING UNIT)									ıR		ANGRY, DISTURBED) 4- ILLNESS			DRUG TEST RESULT(S) 1 - AMPHETAMINES				
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HEL MET LISED 99 - OTHER / UNKNOWN							16 - OUTSIDE MIRROR 17 - PROSTHETIC AID			5-	5 - FELL ASLEEP, FAINTED,			2 - BARBITURATES				
9 - PROTECTIV	9 - PROTECTIVE PADS USED							18 - OTHER				FATIGUED, ETC. 6- UNDER THE INFLUENCE				ODIAZEPINI	ES		
	(ELBOW, KNEES, ETC.)											OF MEDICATIONS / DRUGS / ALCOHOL			4 - CANNABINOIDS 5 - COCAINE				
11 - LIGHTING -	0 - REFLECTIVE CLOTHING 1 - LIGHTING – PEDESTRIAN											9- OTHER / UNKNOWN			6 - OPIATES / OPIOIDS				
	BICYCLE ONLY THER / UNKNOWN																7 - OTHER 8 - NEGATIVE RESULTS		