OF PUBLIC SAFETY TRAFFIC CRASH R	<b>EPORT</b> *DENOTES MANU	DATORY FIELD FOR SUPPLEME	NT REPORT	2023-	OCAL REPORT NUMBER.	* 314			
PHOTOS TAKEN OH-2 OH-3	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
	leath PD		507	1 - SOLVED	98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATION: CITY, V		CRASH DATE / TIME* CRASH SEVERITY							
4 5 1 2 - VILLAGE HEATH		0.7242023, 2113 5 1- FATAL 2- SERIOUS INJURY							
2 - SOUTH	DCATION ROAD NAME		ROAD TYPE	LATITUDE DE	3	SUSPECTED - MINOR INJURY			
				SUSPECTED					
2 - SOUTH	EFERENCE ROAD NAME (ROAD, MI	(LEPOST, HOUSE #)	ROAD TYPE						
	RVINGWICK		D R	-82 -0 4 4 9 9 3 ONLY					
1-INTERSECTION FROM REFERENCE 1-NORTH IR - IN	ROUTE TYPE  ITERSTATE ROUTE(TP) AL - A	<b>ROAD TYPE</b> ALLEY HW-HIGHWAY RI	D - ROAD	INTERSECTION RELATED  WITHIN INTERSECTION OR ON APPROACH					
3- HOUSE #   3- EAST	BI B		Q - SQUARE T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE DISTANCE CR - NU	IMBERED COUNTY ROUTE CR - C	TIRCLE OV - OVAL TE	E - TERRACE	ROADWAY					
	JMBERED TOWNSHIP DR - D	L - TRAIL 'A - WAY	_						
5 2 2-FEET RO	HE - H	HEIGHTS PL - PLACE		ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER		R OF CRASH COLLISION/IMPAC LLISION 4 - REAR-TO-REAR	T	DIRECTION OF TRAVEL MEDIAN TYPE					
0 1 2 - ON SHOULDER 10-DRIVEWAY/AL 3 - IN MEDIAN 11-RAILWAY GRA	LEY ACCESS 7 BETWE	EEN 5-BACKING OTOR 6-NO.5		1 - NORTH 2 - SOUTH	H (<4 FEET)				
4 - ON ROADSIDE 12-SHARED USE	PATHS OR TRANS	PORT 7 - SIDESWIPE, SAME		3 - EAST 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)					
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR-E 3 - HEAD-0	*		3 - DIVIDED, DEPRESSED ME 4 - DIVIDED, RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER/UNKN	Nown			(ANY TYPE) 9 - OTHER/UNKNOWN					
	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE			
1-LA	NE CLOSURE NE SHIFT/CROSSOVER	1 - BEFORE THE 1ST W WARNING SIGN	VORK ZONE	1	2	2			
3-WC	ORK ON SHOULDER MEDIAN	2 - ADVANCE WARNING 3 - TRANSITION AREA	Median de la	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE					
4-IN	TERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE					
ACTIVE SCHOOL ZONE 5-0T	HER	5 - TERMINATION ARE	.А	4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK					
LIGHT CONDITION  1 - DAYLIGHT	WEATHER 1 - CLEAR 6	5 - SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL STONE					
3 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY		7 - SEVERE CROSSWINDS 3 - BLOWING SAND, SOIL, DIRT,	1 1 2			5 - DIRT			
4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FREEZIN	FREEZING DRIZZLE 7 - SLUSH 9 - OTHEI			9 - OTHER/UNKNOWN			
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN				
NARRATIVE						Indicate the north			
UNIT 3 WAS STOPPED IN THE		ON _				direction with an "N" on the compass diagram.			
SR 79 ATTEMPTING TO TURN				ScenePD ™ - Evaluation Edition		compass diagram.			
IRVINGWICK DR E. UNIT 2 WA		Suntui	Evaluation	Evaluation Edition Edition	^				
THE LEFT TURN LANE. UNIT 1				Evaluation Edition	Evaluation Edition  Evaluation Edition  Not To Scale	n			
THEIR VEHICLE AND ATTEMPT		Evalue	atyon Edityon	dition	Evaluation Editio	n			
BETWEEN THE TWO VEHICLES	. UNIT 1 STRUCK U	JNIT /,		Evaluation Edition	Evaluation Edition Edition	-			
2, WHICH PROPELLED UNIT 1	INTO UNIT 3.	Evaluation Edition	ation/Edition 2	/ /	Evaluation Edition	n			
		Evalus	Evaluation	Evaluation Edition  Evaluation Edition  RVINGMICK DE					
		Evaluation Edition	`	Sygluation I	Evaluation Edition Evaluation Edition	_			
		Evaluation Edition	Evaluation ation Edition	Evaluation Edition Edition					
		<u> </u>		Evaluation I Evaluation Edition	Evaluation Edition Edition				
		Evaluation Edition	Evaluation ation Edition						
CRASH REPORTED DATE / TIME DIS	SPATCH DATE / TIME	ARRIVAL DATE / TIME	Т	SCENE CLEARED	Market State	EPORT TAKEN BY			
07242023 2113 0724	2023 2114 0	7242023 2	1190	7242023	2156				
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTES	officer's name*		ECKED BY OFFI	CER'S NAME*		MOTORIST SUPPLEMENT			
	OFFICER'S BADG	E NUMBER*	CHECKED I	Y OFFICER'S BADGE N		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
	0 7 -		0 7	- 1	3 0				

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

	OHIO DEPARTMENT MOTORIST / NON-MOTORIST  NON-MOTORIST					2 0 2 3 - 0 0 0 0 8 3 1 4									
UNI		NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH		AGE	GENDER			
0	1	SPICER, CHRISTOPHER LOREN						1 1 / 0 2 / 1 9 9 5 2 7 M				М			
Z ADDI	RESS:	STIEET, CITY, STATE, ZIP									HONE - INCLUDE AREA	CODE	·	I——	
107	8 N	ADINE DR	HEATH, OH 43056												
INJUI	RIES	INJURED E	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DОТ-Сомі	SEATING POSITION	ON AIR BAG US	AGE EJECTION	TRAPPED					
<u> 5</u>	ſ	TAKEN BY							USED 0 4	MC HELI		1	11	1	
0L S1	TATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER			
107 OT 21 OT	Н	33			331.0	331.08 CODE 331.08				N2141	N214119				
≥ OL CL	LASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		OHOL / DRUG SUSPI		CONDITION	STATUS TYP	HOL TEST PE VALUE		RUG TEST(S YPE   RESUL	T SELECT UP TO 4	
. 4				BY	1	=	LCOHOL   MAI	RIJUANA	1	1 1		1	ι		
UNI	т.	NAME: LAST, F	TIDGE MIDDLE			Пο	THER DRUG				DATE OF BIRTH	تا است	AGE	GENDER	
	2	FOUT, SH	•							0 3 /	1 6 / 1	979	4.4	M .	
	$\Box$	STREET, CITY, STA									HONE - INCLUDE AREA				
Ħ			/ARK, OH 43055							CONTROLL		CODE			
NJUI			EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	ON AIR BAG US	AGE EJECTION	TRAPPED	
2 5		TAKEN BY						USED 0 4	DOT-COMPLIANT 1 0		1 1 1				
OL ST	TATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	CITATION NUMBER		
	н							CODE							
≥ OL CI	LASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	ALCO STATUS TYP	HOL TEST PE VALUE		RUG TEST(S	T SELECT UP TO 4	
		SELECT OF 10 2		BY	TRACTED		LCOHOL MAI	RIJUANA	1		VALUE			SELECT UP 10 4	
_ 6					1	<b>□</b> 0	THER DRUG			1 1		1	<u> </u>	GENDER	
UNI	_	NAME: LAST, FIRST, MIDDLE													
	0 3 KUNKEL, PATRICIA A 0 3 / 1 6 / 1 9 4 4 7 9									F					
SIES AUDI	ADDRESS: STREET, CITY, STATE, ZIP  BUCKEYE RD THORNVILLE, OH 43076  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT TO: MEDICAL FACILITY (NAME, CITY														
N INJUI			PRNVILLE, OH 43076  EMS AGENCY (NAME)	<b>)</b>	IN HIDED:	TAKENTO	. MEDICAL FACILITY	ALLES OF THE	SAFETY EQUIPMENT		SEATING POSITION	ATD DAC HE	AGE EJECTION	TRAPPED	
NON 5	KIES	INJURED TAKEN BY  EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, TAKEN BY				(NAME, CITY)	USED 0 4	DOT-COM	PLIANT	AIR BAG US	AGE EJECTION	1			
	TATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL OFFENSE DESCRIPTIO					N NUMBER		
	н							CODE							
OL CL	$\overline{}$	S ENDORSEMENT RESTRICTION SELECT UP TO 3 DRI			VER	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION		HOL TEST		RUG TEST(S		
		SELECT UP TO 2		BY	TRACTED	П	LCOHOL MAI	RIJUANA		STATUS TYF	PE VALUE			T SELECT UP TO 4	
4					1	0	THER DRUG		1	1 1			1		
1 - FATAL		RIES	SEATING POSITION  1-FRONT-LEFT SIDE	1 - NOT DEP	LOYED		OL CLASS 1 - CLASS A	S	OL RESTRIC 1-ALCOHOL INTER	and the second second second	1 - NOT DISTRACTED	CONTRACTOR DESCRIPTION	TEST STA	TUS	
		SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOY			2 - CDL INTRASTAT	E ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION		2 - TEST REFUSED				
		MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOY						DEVICE (TEXTING, T)					
		PARENT IN HIRV 4 - SECOND - LEFT SIDE 5 - NOT APPLICA				CABLE (OHIO = D) 5 - EXCEPT CLA			5 - EXCEPT CLASS	A BUS	DIALING) 3 - TALKING ON HANDS-F	REE	4 - TEST GIVEN, RESULTS KNOWN		
TNJU	(MOTORCYCLE PASSENGER)  JURED TAKEN BY  5 - SECOND - MIDDLE  5 - MIC MOPED ONLY 6 - NO VALID OL									TEST GIVEN, RES UNKNOWN	SULTS				
1 - NOT T	TRANSP	ORTED 6 - SECOND - RIGHT SIDE					7 - EXCEPT TRACTO	R-TRAILER	COMMUNICATION DE	VICE	LCOHOL TE	ST TYPE			
2 - EMS	AI EU AI	AT SCENE 7 - THIRD - LEFT SIDE EJECTION (MOTORCYCLE SIDE CAR) 1 - NOT EJECTED				OL ENDORSEMENT  H - HAZMAT 8 - INTERMEDIATE  RESTRICTIONS			LICENSE	5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE	1-	N 1 - NONE			
3 - POLIC	OLICE 8-THIRD-MIDDLE 2-PARTIALLY E.J			LY EJECTED	EJECTED M - MOTORCYCLE 9 - LEARNER'S PE			RMIT 6-PASSENGER			2 - BLOOD 3 - URINE				
9 - OTHE	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY 10 - SLEEPER SECTION 4 NOT ADD			EJECTED F - FASSENGEN			RESTRICTIONS 10 - LIMITED TO DAY				4 - BREATH				
SAFE	SAFETY EQUIPMENT  11. PASSENCED IN OTHER  12. PASSENCED IN OTHER  13. PASSENCED IN OTHER  14. NOT APPLICABLE					Q - MOTOR SCOOTER 11 - LIMITED TO EM			THE VEHICLE		OUTSIDE 5-	SIDE 5-OTHER			
	NE USED  11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAIL ING INIT BILS 1 - NOTTRAPPED  R - THREE-WHEEL MOTORCYCL 1 - NOTTRAPPED  R - CHROL BILS 2 - SCHOOL BILS					TORCYCLE	12 - LIMITED – OTHER 13 - MECHANICAL DEVICES		9 - OTHER / UNKNOWN DRUG TEST		TYPE				
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA			TED BY T - DOUBLE & TRIPLET RAILERS CONTROLS			(SPECIAL BRAK CONTROLS, OR O	ES, HAND	CONDITION		1 - NONE 2 - BLOOD				
	CARGO AREA		MECHAN 3 - FREED E	VICAL MEANS  Χ - ΤΔΝΚΕΡ / ΗΔ7ΜΔΤ			ADAPTIVE DEVICES)		1 - APPARENTLY NORMAL		3 - URINE				
	FORWARD FACING 13 - TRAILING UNIT NON-MI			CHANICAL MEANS			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER				
	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)					AIR BRAKES ANGRY, DI		ANGRY, DISTURBED)	DRUG TEST RESULT(S)						
	7 - BOOSTER SEAT 15 - NON-MOTORIST					16 - OUTSIDE MIRROR 4- ILLNESS 17 - PROSTHETIC AID 5- FELL ASLE		4- ILLNESS 5- FELL ASLEEP, FAINTE	1 - AMPHETAMINES INTED: 2 - BARRITURATES						
	8 - HELMET USED 99 - OTHER / UNKNOWN						18 - OTHER FATIGUED, ET		FATIGUED, ETC.	3 - BENZODIAZEPINES					
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						6- UNDER THE INFL OF MEDICATIONS		6- UNDER THE INFLUENT OF MEDICATIONS / DR / ALCOHOL	ICE 4 - CANNABINOIDS					
	10 - REFLECTIVE CLOTHING							0		5 -	5 - COCAINE 6 - OPIATES / OPIOIDS				
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY									9- OTHER / UNKNOWN			7 - OTHER		
99 - OTHER / UNKNOWN											8 -	NEGATIVE RESU	LTS		