OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MA	ANDATORY FIELD FO	RSUPPLEME	NT REPORT	2023-	OCAL REPORT NUMBER				
PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR								
SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME* Heath PD			507	1 - SOLVED LJ 2 - UNSOLVED	020	Account of the Control of the Control			
COUNTY* LOCALITY* 1 - CITY 4 5 1 2 - VILLAGE HEATH		CRASH DATE / TIME * CRASH SEVERITY								
3-TOWNSHIP	0,7252023, 1246, 2 - SERIOUS INJURY									
ROUTE TYPE ROUTE NUMBER PREFIX 1- NORTH 2 - SOUTH 3 - SEAST 4 WEST	LOCATION ROAD NAME			ROAD TYPE	4.0.038	20	MINOR INJURY			
	HOPEWELL REFERENCE ROAD NAME (ROAD,	MILEDOST HOUSE #	e)	D R ROAD TYPE	LONGITUDE		SUSPECTED INJURY POSSIBLE			
2 - SOUTH 3 - EAST	Franklin	MILL! 031,11003L #	,	AV	-82 _. 408		PROPERTY DAMAGE			
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD	TYPE			INTERSECTION RELATED				
T-NOKIII				O - ROAD O - SQUARE	WITHIN INTE	RSECTION OR ON APPROA	СН			
3- HOUSE # 3- EAST	I EDERAL OS ROOTE	- AVENUE LA - LA - BOULEVARD MP - M		- STREET	WITHIN INTE	RCHANGE AREA NUM	BER OF APPROACHES			
DISTANCE DISTANCE CR -	- TERRACE - TRAIL	ROADWAY								
1-MILES TR-	NUMBERED TOWNSHIP	- COURT PK - PA - DRIVE PI - P		A - WAY	ROADWAY DIVIDED					
5 2 2-FEET 3-YARDS	HE	- HEIGHTS PL - P	LACE			1				
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER		NER OF CRASH COLL COLLISION 4 - REAL		т	DIRECTION OF TRAVE	Alleria interesta	A.55-55-09 A-64			
0 1 2 - ON SHOULDER 10 - DRIVEWAY,	ALLEY ACCESS 6 BET	WEEN 5-BACI	KING		1 - NORTH 2 - SOUTH	(<4 FEET	^			
3 - IN MEDIAN 11-RAILWAY G 4 - ON ROADSIDE 12-SHARED US	RADE CROSSING VEH	ICLES IN 6 - ANGI	LE SWIPE, SAME	DIRECTION	3 - EAST 4 - WEST	2 - DIVIDED F (≥4 FEET	LUSH MEDIAN)			
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REA 3 - HEA		SWIPE, OPPOS ER / UNKNOW		4-WL31		DEPRESSED MEDIAN RAISED MEDIAN			
7 - ON RAMP 14-TOLL BOOT	H	D-0N 3-01111	LK/ UNKNOW	IN		(ANY TYPE 9 - OTHER/UN	E)			
8 - OFF RAMP 99-OTHER/UN										
WORK ZONE RELATED 1 -	WORK ZONE TYPE LANE CLOSURE	LOCATION OF C 1 - BEFOR	R ASH IN WOI RE THE 1ST W		CONTOUR 2	conditions 1	SURFACE 2			
	LANE SHIFT/CROSSOVER	275 J. 200 P. C.	IING SIGN NCE WARNIN	GAREA	BCCCC					
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	☐☐☐ 3 - TRANS	SITION AREA	Mark Control of	2 - STRAIGHT GRADE	1 - CONCRETE 2 - BLACKTOP,				
	INTERMITTENT OR MOVING WORK OTHER		'ITY AREA INATION ARE	A	3 - CURVE LEVEL	BITUMINOUS, ASPHALT				
LIGHT CONDITION	WEATH	FR			4 - CURVE GRADE	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK			
1 - DAYLIGHT	1 - CLEAR	6 - SNOW			9 - OTHER/UNKNOWN	OIL, GRAVEL STONE				
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMOKE	7 - SEVERE CROSS 8 - BLOWING SAND		SNOW		6 - WATER (STANDING, MOVING) 5 - DIRT				
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN	N OR FREEZI		7 - SLUSH 9 - OTHER/UNKNOV					
9 - OTHER / UNKNOWN	5-SLEET, HAIL	99-UIHER/UNKN	IOWN			9 - OTHER/UNKNOWN				
NARRATIVE	_	1	1 1			N'S	Indicate the north			
Unit 2 was westbound on Ho	•						direction with an "N" on the compass diagram.			
intersection with Franklin Av					ScenePD ™ - Evaluation Edition	V	compass diagram.			
northbound on Franklin Aver			Evalua	Evaluation	Evaluation Edition Edition					
with Hopewell Drive. Unit 1		ction	valuation Edition Hop	ewell Dr.	Evaluation I	Evaluation Evaluation Edition				
without yielding, striking Un	It 2.	F	Evaluation Edition	Evaluation ition Edition	Edition Edition Unit 2	\$				
		_	<u> aman</u>	4	D) ion	Unit 2 Evaluation Edition	_			
		Ev	Evalua Valuation Edition	Evaluation ition Edition	Edition Edition	<u> </u>				
				2	Evaluation I	Evaluation Edition				
		Ev	valuation Edition 57	Evaluation Edition						
				Evaluation Edition						
		Ev	Evalua valuation Edition	Evaluation ition Edition	<u> </u>	Evaluation Edition				
		<u> </u>		Evaluation	Evaluation I Evaluation Edition	Evaluation Edition Edition				
		Ev	Evalua Valuation Edition	ition Edition	Trancite (877) 908-4777					
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL I	DATE / TIME		SCENE CLEARED	procedure programment 2	EPORT TAKEN BY			
07252023 1246 072	52023 1249	0725202	2,3 1	2 5 6 0	7252023	1351	POLICE AGENCY			
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT			Сн	ECKED BY OFFI	CER'S NAME*		MOTORIST			
MINUI	Ploone	DGE NUMBER*	171		Y OFFICER'S BADGE N	IUMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
0, 5,5, 5,5	0 7 -	1 5	5 (7	- 1	4 7				

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OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0	2	3 - 0 0			3 3	5				
UNIT #									DATE OF BIRTH		T	AGE	GENDER			
01	01 GRISE, MARK FRANCIS						0 5	/ 1	L _2 _/ _1	9 7 9		1 4	M			
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE															
<u> </u>	624 FRANKLIN AV HEATH, OH 43056															
2	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED		G-COMPLI		1	USAGE			
OL STATE		ICENSE NUMBER		OFFENS	SE CHAI	DCED.	LOCAL	0 4	MC HELMET 0 1			CITAT				
E O H	UPERATUR L	IICENSE NUMBER		313.0	OFFENSE CHARGED LOCAL OFFENSE DESC CODE 313.01							215966				
OL CLASS	ENDORSEMENT	DORSEMENT RESTRICTION SELECT UP TO 3 DRIV				DHOL / DRUG SUSPI	ECTED	CONDITION			OL TEST		DRU	TEST(S		
	SELECT UP TO 2		DIST BY	TRACTED	A	LCOHOL MAI	RIJUANA		STATUS	_	VALUE	STATUS	TYPE	RESUL	SELECT UP TO 4	
				1	<u></u> 0⁻	THER DRUG		1	_1	1	•	1	1		<u> </u>	
UNIT #	NAME: LAST, F	•								DATE OF BIRTH	0 .0 .6	.	AGE 1 .6 .	GENDER M		
12225	STREET, CITY, ST	ISAIAH COLTEN							CONTACT PHONE - INCLUDE AREA CO					1 0	IVI	
E		THORNVILLE, OH 4	3076						CONTA		JNE - INCLUDE AREA	CODE				
NJURIES	INJURED	EMS AGENCY (NAME)		INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT				SEATING POSITION			ON AIR BAG	AIR BAG USAGE EJECTION TRAPPED			
NON 5	TAKEN BY							USED 0 4	DOT-COMPLIANT 0 1			1	1 1 1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	l		CITAT	CITATION NUMBER			
E O H																
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	VER TRACTED		DHOL / DRUG SUSPI		CONDITION	STATUS		OL TEST VALUE	STATUS	DRU(TYPE	RESULT	SELECT UP TO 4	
4			ВУ	1	=	LCOHOL MAI THER DRUG	RIJUANA	1 1	1 ,	,1		1	1			
UNIT #										<u> </u>	DATE OF BIRTH		Т	AGE	GENDER	
										1 1	1 1 1					
ADDRESS:	: STREET, CITY, ST	ATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				1:						
010				_				_			1 1					
INJURIES ADDRESS:	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		-Compli	SEATING POSITI	ON AIR BAG	USAGE	EJECTION	TRAPPED	
			OFFENS	OFFENSE CHARGED LOCAL			OFFENSE DESC	MC HELMET		CITAT	CITATION NUMBER					
OL STATE	OF EXATOR E	IGENSE NUMBER		OFFER.	CODE CODE			OFFENSE BESC			CITAL	OTTATION NOMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALC	DHOL / DRUG SUSPI	ECTED	CONDITION			OL TEST	CTATHE		TEST(S		
	SELECT UP TO 2		BY	TRACTED	=	_	RIJUANA		STATUS	TYPE	VALUE	STATUS	TYPE	KESUL	SELECT UP TO 4	
TNIII	JRIES	SEATING POSITION		IR BAG	<u></u> 0⁻	THER DRUG OL CLAS	•	OL RESTRIC	TION(S)		RIVER DISTRAC	TION		EST STA	THE	
1 - FATAL	KIES	1 - FRONT - LEFT SIDE	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER		CONTRACTOR DESCRIPTION	- NOT DISTRACTED			E GIVEN	1103	
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 -	- MANUALLY OPERATI ELECTRONIC COMML			REFUSED	ITAMINATED	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE		ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	INGLO		DEVICE (TEXTING, TY DIALING)	YPING,	SAM	PLE / UNUSA	ABLE	
5 - NO APPAREN	NT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	LICABLE MENT UNKNO	WW.	(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS 6 - EXCEPT CLASS		3 -	-TALKING ON HANDS- COMMUNICATION DE			GIVEN, RES GIVEN, RES	SULTS KNOWN SULTS	
	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE	7 521 2011	II EITT GITTAT		6 - NO VALID OL		& CLASS B BUS			-TALKING ON HAND-H COMMUNICATION DE		UNK	NOWN		
1 - NOT TRANSP /TREATED A		7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)		ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE			- OTHER ACTIVITY WIT	TH AN	ALC 1-NON	DHOLTE:	ST TYPE	
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJE	CTED LY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	RMIT	6-	ELECTRONIC DEVICE - PASSENGER		2 - BL00			
9 - OTHER / UNK	KNOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3-TOTALLY	EJECTED		P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY	/I ICUT ONLY		OTHER DISTRACTION		3 - URIN			
SAFETY E	QUIPMENT	OF TRUCK CAB	4 - NOT APP	LICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EM			OTHER DISTRACTION		5 - OTH			
1 - NONE USED	BELT ONLY USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	1 - NOT TRA	RAPPED PPED		R - THREE-WHEEL MC	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D		9.	- OTHER / UNKNOWN			UG TEST	TYPE	
3 - LAP BELT ON		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRICA	TED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR C	ES, HAND		CONDITION		1 - NON 2 - BLO			
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM –		12 - PASSENGER IN UNENCLOSED CARGO AREA	REA 3 - FREED BY			X - TANKER / HAZMAT ADAPTIVE DEV 14 - MILITARY VEH			ICES) 1 - APPARENTLY NORMA		3 - URINE					
FORWARD FACING 13-		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-MECHANICAL MEANS			15 - MOTOR VE			VEHICLES WITHOUT 3 - EM		PHYSICAL IMPAIRMENT - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER			
REAR FACIN	G	(NON-TRAILING UNIT)	(NON-TRAILING UNIT)			AIR BRAKES 16 - OUTSIDE MIRR			ANGRY, DISTURBED) OR 4- ILLNESS		DRUG TEST RESULT(S) 1-AMPHETAMINES					
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AI	D	5-	FELL ASLEEP, FAINTE			BITURATES		
9 - PROTECTIVE	9 - PROTECTIVE PADS USED							18 - OTHER		FATIGUED, ETC. 6- UNDER THE INFLUENCE			3 - BENZODIAZEPINES 4 - CANNABINOIDS			
	(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING										OF MEDICATIONS / DF /ALCOHOL	5 - COCAINE				
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY									9-OTHER/UNKNOV			6 - OPIATES / OPIOID 7 - OTHER			
99 - OTHER / UNKNOWN													8 - NEGATIVE RESULTS			

Ũ	OHIO DEPARTMENT OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM							2023		ORT NUMBER	3 3	5		
	UNIT #	T # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
	02	EMMERT, VANN ISAAC							0 / 2 0	0 5	1 7	M		
PAN	ADDRESS:	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE										
OCCUPAN			ANCH RD NEW LE	SAFETY EQUIPMENT		1 1	<u> </u>	<u> </u>	<u> </u>					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT-COMPLIANT	SEATING POSITION							
5	5						0 4		0 3	1	1	_1		
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
Į	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN		,	- · · · · -, - · ·											
8	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY					USED	MC HELMET						
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GEND						
PAN	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN		T	T					IG POSITION AIR BAG USAGE		TRADDED				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
٥	UNIT #		T FIRST MIRRIE						E OF BIRTH		ACE	CENDED		
	UNII #	NAME: LAS	T, FIRST, MIDDLE		DATE OF BIRTH AGE GENDE									
L	ADDRESS:	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
OCCUPAN									1 1	1 1	1 1	1 1		
ä	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BY					USED	MC HELMET						
			IRIES		Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
	1 - FATAL 1 - NONE US VEHICLE				ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV							
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 1 - NOT TRANSPORTED 2 - SHOULDE 3 - LAP BELT 4 - SHOULDE 5 - CHILD RE FORWARI 6 - CHILD RE			ER BELT ONLY USED			DEPLOYED SIDE							
				TONLY USED	E	4 - DEPLOYED BOTH								
				ER & LAP BELT USED	ORCYCLE PASS ND – MIDDLE	ENGER)	FRONT/SIDE							
l					ND - RIGHT SII	DE	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN							
				ESTRAINT SYSTEM -	D – LEFT SIDE ORCYCLE SIDE	CAR)) DETEC							
	/TREATED AT SCENE REAR FA 2 - EMS 7 - BOOSTER					D – MIDDLE	CAIC	1 - NOT EJ	EJECTION FOR THE PROPERTY OF T	ИV				
	3 - POLICE 8 - HELMET					D – RIGHT SIDE PER SECTION (LLY EJECTE	ED				
				TIVE PADS USED		ENGER IN OTH		3 - TOTALL	Y EJECTED					
				KNEES, ETC.) IVE CLOTHING		O AREA (NON-TI PICK-UP WITH CA		4 - NOT APPLICABLE						
					G – PEDESTRIAN	NCLOSED	TRAPPED							
				/ BICYCL		O AREA LING UNIT		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICA			CAL			
				99 - OTHER /	UNKNUWN		NG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS		CCHANI	GAL		
							MOTORIST		3 - FREED MEANS	BY NON-ME	CHANIC	AL		
						99 - OTHE	R/UNKNOWN					1		
SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE				
≥									1 1					
, ·	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS														
MI	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE.				
5	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
ESS		, ,							L OI BIKIN					
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE		DE		1		
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