OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES MA LOCAL INFORMATION	NDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	O O O O						
PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR										
The second secon	Heath PD	NCIC*   507	1 - SOLVED 0 2 98 - ANIMAL 99 - UNKNOWN								
COUNTY* LOCALITY* LOCATION: CITY	CRASH DATE / TIME*  CRASH SEVERITY  1 - FATAL										
4,5 1 2-VILLAGE HEATH	07302023, 2120, 3 2 - SERIOUS INJURY										
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LATITUDE DE	Proceeding to the African Control	SUSPECTED  3 - MINOR INJURY								
	30th		ST	40,028		SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE					
· ·				-82,044		ONLY					
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE 1-NORTH IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW- HIGHWAY R	D - ROAD	l <del></del> -	INTERSECTION RELA RSECTION OR ON APP	A.2000-007-071					
2 MILE POST - COULTU	TEDERAL OS ROOTE		Q - SQUARE	_		4					
4 - WEST SR -	T - STREET E - TERRACE	WITHIN INTE		NUMBER OF APPROACHES							
FROM REFERENCE UNIT OF MEASURE	NUMBERED TOWNSHIP		L - TRAIL	ROADWAY							
2 2-FEET 3-YARDS ROUTE   DR - DRIVE PI - PIKE WA - WAY   ROADWAY DIVIDED											
LOCATION OF FIRST HARMFUL EVEN		NER of CRASH COLLISION/IMPA	СТ	DIRECTION OF TRAVE	L ME	DIAN TYPE					
1 - ON ROADWAY 9 - CROSSOVER  1 - ON SHOULDER 10-DRIVEWAY	ALLEY ACCESS - BETY	COLLISION 4-REAR-TO-REAR WEEN 5-BACKING		1 - NORTH	1 - DIVID ( < 4 F	ED FLUSH MEDIAN EET )					
	RADE CROSSING VEH	MOTOR ICLES IN 6 - ANGLE	DIDECTION	3 - EAST	1 1	ED FLUSH MEDIAN					
5 - ON GORE TRAILS	2 - REAF	*	SITE DIRECTION	4 - WEST	3 - DIVID	ED, DEPRESSED MEDIAN					
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 7 - ON RAMP 14-TOLL BOOT	J. IILA	D-ON 9-OTHER/UNKNOV	۷N		(ANY	ED, RAISED MEDIAN TYPE)					
8-OFF RAMP 99-OTHER/UN	KNOWN				9 - OTHE	R/UNKNOWN					
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN WO 1 - BEFORE THE 1ST V		CONTOUR	CONDITIONS 1	SURFACE					
	LANE SHIFT/CROSSOVER	WARNING SIGN		1	2						
	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNIN 3 - TRANSITION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - CONCRETE 2 - BLACKTOP,						
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	- Δ	3 - CURVE LEVEL	2 - WET 3 - SNOW	BITUMINOUS, ASPHALT					
			-7.	4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOG							
LIGHT CONDITION  1 - DAYLIGHT	1 - CLEAR	-R 6 - SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL, STONE 6 - WATER (STANDING, MOVING) 5 - DIRT							
3 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	01 2 - CLOUDY	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	WOMS								
4 - DARK — ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FREEZI		7 - SLUSH 9 - OTHER/UNKNOV							
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN	ı					
NARRATIVE						/ Indicate the north					
UNIT 1 WAS STOPPED AT TH	E LIGHT IN THE MI	IDDLE			+++	direction with an "N" on the					
LANE OF S 30TH/SR 79. UNI				ScenePD ™ - Evaluation Edition		compass diagram.					
UNIT 1 REALIZED THEY WER		Total Control	Evaluation	Evaluation Edition Edition							
WHITE LINE AND BEGAN BA	CKING, STRIKING	UNIT Evaluation Edition	1 11	Evaluation	N Evaluation	Edition					
2.		Evaluation Edition	Evaluation	Evaluation Edition Edition	No. 10 Coast						
		-		Evaluation Evaluation Evaluation	Evaluation Edition Edition	Edition					
		s Evalu Evalua@M Edition	Evaluation	Edition	Evaluation	Edition					
			Init 2	Evaluation Edition	Evaluation Edition						
		Evaluation Edition	on Edition		Evaluation Evillion	Edition					
		Evelu	Evaluation	Evaluation Edition Edition	Edition						
		Evaluation Edition		Evaluation	Evaluation Evaluation SR 19	Edition					
			Evaluation ation Edition	Evaluation Edition							
		Evaluation Edition		Trancite (877) 908-4777							
Management of the second of th	0 2 0 2 3 2 1 2 2	ARRIVAL DATE / TIME	1 2 5 0	7 3 0 2 0 2 3	AND CONTROL DOMINIONS	REPORT TAKEN BY  POLICE AGENCY					
TOTAL TIME OTHER TOTAL				CER'S NAME*	, 4170	MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINUT	unt	OLN 3 NAME		SUPPLEMENT (CORRECTION OR ADDITION							
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		O . 7	OFFICER'S BADGE N	UMBER*	TO AN EXISTING REPORT SENT TO ODPS)					

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

3

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0	2				5 2	3					
UNIT #									ATE OF BIRTH		A	AGE	GENDER				
01	BAKER, N	MASAN WILLIAM							0 3	/ 2	2 7 / 2	0 0 7	11	6	М		
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE					
<u> </u>		DR MILLERSPORT,	ACCONDUCT PROME - INCLIDED AND ENTER PORTURE  DUTHER PORTURE  DOTE CONTACT PROME - INCLIDED AND ENTER PORTURE  DOTE CONTACT PROME - INC														
Z	TAKEN				TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED			ANT						
<b>5</b>	BY	TOPINGE NUMBER		OFFEN	25 01141	2050	10041				0 1	4—			_1		
OL STATE				C <u>OD</u> E				CRIPTION									
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRIV	L .								DRUG TEST(S)					
OL OLAGO	SELECT UP TO 2		DIST		_	_			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4		
4				1	0	THER DRUG		1	1	1	•	1	1				
UNIT #	NAME: LAST, F	FIRST, MIDDLE															
0 2		Y'JA COREE JOLEE T	A-NICE	Υ										8	F		
E	STREET, CITY, ST								CONTA	CT PHO	NE - INCLUDE AREA	CODE					
		EWARK, OH 43055 EMS AGENCY (NAME)		IN HIRED	LV KEN TU	· MEDICAL FACILITY	(NAME CITY)	SAFETY FAIIIPMENT	T CEATING DOCUTION AND				UD DAC USACE ELECTION TRADEED				
NON 5	TAKEN BY	EMS AGENOT (NAME)		INSURED	INJURED TAKEN TO: MEDICAL PACILITY (NAME, CITY)			USED	DOT-COMPLIANT								
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	OFFENSE CHARGED LOCAL							CITAT	<u> </u>				
Во н ,																	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT			ALC	DHOL / DRUG SUSPI	ECTED	CONDITION			STATUS						
4	522201 01 102			_	=		RIJUANA	1			VALUE			NEOOE!	522201 01 10 4		
UNIT #	NAME: LAST, F	FIRST MIDDLE			□ º	THER DRUG			ــــــــــــــــــــــــــــــــــــــ		ATE OF DIDTU	الستّ	<u> </u>	L _	LCENDED		
ONII #	NAME: LASI, I	FIRST, WIDDLE									TATE OF BIRTH		"	AUE.	GENDER		
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
TOR	ADDRESS. STREET, STREET, 211									CONTACT PHONE - INCLUDE AREA CODE							
W INJURIES		EMS AGENCY (NAME)		INJURED"	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)			F-Complete	SEATING POSITI	ON AIR BAG	USAGE E.	JECTION	TRAPPED		
NON V	TAKEN BY							USED	L Mc	HELME	T	_					
OL STATE	TATE OPERATOR LICENSE NUMBER						OFFENSE DESC	RIPTION		CITATI	CITATION NUMBER						
		1															
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIST					CONDITION									
					=	_		ļ, ,	ļ, ,			 					
	RIES	SEATING POSITION					S	( to the second	2000 No. 1000 No. 100	SECURE PROPERTY.	RIVER DISTRAC			ST STA			
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)															
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE				3 - CLASS C			INSES			NICATION	3 - TEST GI	IVEN, CON			
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND – LEFT SIDE			NT / SIDE				A BUS			DEF					
	TAKEN BY	(MOTORCYCLE PASSENGER)  5 - SECOND – MIDDLE			OWN			6 - EXCEPT CLASS	A		COMMUNICATION DE	VICE			ULTS		
1 - NOT TRANSP	ORTED	6 - SECOND - RIGHT SIDE											ALCOH	OL TES	T TYPE		
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	PROFESSION NO. 10 (1971)				MENT		LICENSE	5 -			1 - NONE				
3 - POLICE		8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE	2 - PARTIAL	LY EJECTED				9 - LEARNER'S PER	RMIT								
9 - OTHER / UNK	(NOWN	10 - SLEEPER SECTION							LIGHT ONL					4			
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER						OUTSIDE	5 - OTHER				
1 - NONE USED 2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,					TORCYCLE	13 - MECHANICAL D	EVICES	9 -	OTHER / UNKNOWN			GTEST	TYPE		
3 - LAP BELT ON		PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED					TRAILERS	CONTROLS, OR O	THER		CONDITION						
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM –		CARGO AREA 3-FREED BY			X - TANKER / HAZMAT ADAPTIVE DEV					5 GIGINE							
FORWARD FA		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	- RIDING ON VEHICLE EXTERIOR			15 - MOTOR VEHICL			S WITHOUT 3 - EMOTIONAL (E.G., DEPR		ESSED,						
REAR FACIN	G	(NON-TRAILING UNIT)							)R								
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AII	D	5-	FELL ASLEEP, FAINTE		2 - BARBIT				
9 - PROTECTIVE	PADS USED							18 - OTHER		6-	FATIGUED, ETC. UNDER THE INFLUEN	CE	3 - BENZOD 4 - CANNAE		ES		
	(ELBOW, KNEES, ETC.)  10 - REFLECTIVE CLOTHING										OF MEDICATIONS / DR / ALCOHOL	L 5 - COCAINE					
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY									9-	9- OTHER / UNKNOWN		6 - OPIATE: 7 - OTHER	S / OPIOID	S		
99 - OTHER / UNKNOWN													8 - NEGATIVE RESULTS				

Ũ	OHIO DEPARTMENT OF PUBLIC SAFETY OF PUBLIC SAFETY OF PUBLIC SAFETY ACTIVITY - SECRET - POSITION OF PUBLIC SAFETY - POSITIO							2 0 2 3 - 0 0 0 0 8 5 2 3							
	UNIT #	NIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
	01	ALLTON	I, LUSTAT	1 0 / 2 9 / 2 0 0 6 1 6 M											
PANT	ADDRESS:	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
OCCUPAN	205 LA	WRENCE	ST NEWARK, OH	43055											
0		INJURED TAKEN	EMS AGENCY (NAME)		DOT-COMPLIANT	SEATING POSITION		EJECTION							
	_ 5	BY					0 4	MC HELMET	1	1	_1				
	UNIT#		T, FIRST, MIDDLE					DAT		AGE	GENDER				
Ļ	02		G, AUBREY MARGE	RET				0 9 / 2			1 5	F			
OCCUPAN		STREET, CITY,	•	2055				CONTACT PHONE - INCLUDE AREA CODE							
8		INJURED	R NEWARK, OH 4: EMS AGENCY (NAME)	3055	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
	5	TAKEN BY			INJURED TAKEN TO: MEDICAL FACILI	,	USED 0 4	MC HELMET	0 3	1	1	1			
H	UNIT #	NAME: LAS	T, FIRST, MIDDLE			DATE OF BIRTH AGE GEI									
	02	MURPH	Y, AUBREE MORG	AN				0 2 / 2 5 / 2 0 0 6 1 7 F							
ANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	655 ME	ADOW D	R NEWARK, OH 4	3055											
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION AIR BAG USA		EJECTION	TRAPPED			
	_5	BY					0 4	☐ MC HELMET	0 6	1	1	_1			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
Ļ	ADDDESS														
OCCUPAN	AUURESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
8	INJURIES INJURED   EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILI	NJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   SAFETY EQUIPMEN			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY				,	USED	DOT-COMPLIANT MC HELMET							
Ε		INJL	IRIES	SAFET	Y EQUIPMENT USED	.	SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA	AL		1 - NONE US		T – LEFT SIDE	'ED\	1 - NOT DEPLOYED							
	2 - SUSPECTED SERIOUS INJURY  3 - SUSPECTED MINOR INJURY  2 - SHOULDE			: OCCUPANT ER BELT ONLY USED	ORCYCLE DRIV IT – MIDDLE	EK)	2 - DEPLOYED FRONT								
				T ONLY USED	IT – RIGHT SID		3 - DEPLO								
		SIBLE INJU APPARENT I		4 - SHOULDI	ER & LAP BELT USED		ND – LEFT SID ORCYCLE PASS		4 - DEPLOYED BOTH FRONT/SIDE						
	5 - CHILD RI Injured taken by Forwar			ESTRAINT SYSTEM –		ND - MIDDLE	S.F.	5 - NOT APPLICABLE							
				ESTRAINT SYSTEM –		ND – RIGHT SI D – LEFT SIDE	JE	9 - DEPLO							
	/TREATED AT SCENE REAR FA			CING		ORCYCLE SIDE D – MIDDLE	CAR)	D N							
	2 - EMS 7 - B00STEF						D – RIGHT SIDE		1 - NOT EJ	ECTED LLLY EJECTI					
	3 - POLICE 8 - HELMET 9 - OTHER / UNKNOWN 9 - PROTECT				TIVE PADS USED		PER SECTION		בט						
				KNEES, ETC.)	CARG	ENGER IN OTH O AREA (NON-T	RAILING UNIT,	3 - TOTALL 4 - NOT AP							
					TIVE CLOTHING		PICK-UP WITH CA ENGER IN UNE								
				/ BICYCL	G – PEDESTRIAN E ONLY	O AREA		1 - NOTTRAPPED							
				99 - OTHER /	UNKNOWN		LING UNIT NG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS						
							TRAILING UNIT) MOTORIST			BY NON-ME	CHANIC	AL			
							R / UNKNOWN		MEANS	i					
	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS															
ΜĬ	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
	NAME	ST, FIRST, MIDD	I F					DAT	E OF BIRTH		AGE	GENDER			
ESS								DATE OF BINTH AGE GENUER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
Š	<u> </u>														
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	Anndree	· STDEET AITV	STATE 71D						- INCLUDE AREA CO						
M	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							