OHIO DEPARTMENT OF PUBLIC SAFETY SAFETY SAFETY SERVICE - PROJECTION	RASH F	LOCAL REPORT NUMBER*														
PHOTOS TAKEN	☐ 0H-2 <b>X</b>	OH-3	LOCAL INFORMA	TION			2023-00008784									
SECONDARY CRASH		REPORTING AGE Heath Pl			0	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR  1 - SOLVED  2 - UNSOLVED  2 - UNSOLVED										
COUNTY* LOCALITY*	CITY LOC	ATION: CITY,	, VILLAGE, TOWNSH	IP*			CRASH DATE / TIME * CRASH SEVERITY									
<b>4 5 1</b> 2-V	IEATH	08042023		<b>)</b> 2.	SERIOUS INJURY											
ROUTE TYPE ROUTE NU	NORTH ? - SOUTH S - EAST	LOCATION ROAD				ROAD TYPE	Section with the control of the cont									
	-WEST	PUTNAM		MII EDOET HO	Her 4)	R D		SUSPECTED INJURY POSSIBLE								
ROUTE TYPE ROUTE NU	REFERENCE ROA	AD NAME (RUAI	J, WILEPUS I, HU	USE #)	RUAD TYPE	LONGITUDE DECIMAL DEGREES 4-INJURY POSSIBL  -82										
REFERENCE POINT		- EAST - WEST	CUSTER	- 1		ROAD TYPE	K		INTERSECTION		ONLY					
1 - INTERSECTION	1-INTERSECTION 1-NORTH IR -INTERSTATE ROUTE(TP) AL -ALLEY						RD - ROAD		RSECTION OR ON							
2 - MILE POST 3 - HOUSE #	HOUSE # 3-EAST US-FEDERAL US ROUTE BL. BOULEVARD MP. MILEPOST ST.							WITHIN INTERCHANGE AREA NUMBER OF APPR								
DISTANCE	DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL TE - TE															
FROM REFERENCE	FROM REFERENCE UNIT OF MEASURE 1 - MILES 1 - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY 2 - FEET ROUTE								ROADWAY DIVIDED							
<u> </u>	3 - YAR	DS		L ROADWAY DIV	T											
LOCATION 1 - ON ROADWA	N OF FIRST HARN Y 9-0	IFUL EVENT CROSSOVER	ī			- REAR-TO-REAR	CT	DIRECTION OF TRAVE	VC1	MEDIAN	CONTRACT TO ACC					
0 1 2-ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS 6 BETWEEN TWO MOTOR 5-BACKING								1 - NORTH 2 - SOUTH	(	1 - DIVIDED FLUSH MEDIAN ( <4 FEET )						
3 - IN MEDIAN 4 - ON ROADSID	)E 12-	SHARED US		TR	ANSPORT 7	- ANGLE - SIDESWIPE, SAN		3 - EAST 4 - WEST	(	- DIVIDED FLUSH MEDIAN (≥4 FEET)						
5 - ON GORE 6 - OUTSIDE TR	AFFIC WAY 13-	TRAILS BIKE LANE		2 - RE 3 - HE		- SIDESWIPE, 0PP - OTHER/ UNKNO			4 - DI	- DIVIDED, DEPRESSED MEDIAN - DIVIDED, RAISED MEDIAN						
7 - ON RAMP 8 - OFF RAMP		TOLL BOOTH OTHER/UNI				(ANY TYPE) - OTHER/UNKNOWN										
WORK ZONE RELAT	ren		WORK ZONE TY	PE.	LOCATION	OF CRASH IN W	ORK ZONE	CONTOUR	CONDITIO	NS	SURFACE					
WORKERS PRESEN			ANE CLOSURE	000455		BEFORE THE 1ST WARNING SIGN	WORK ZONE	1 1	1	ì	2					
=		3 - V	ANE SHIFT/CRO NORK ON SHOULI		2 -	ADVANCE WARNI		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE						
LAW ENFORCEMENT PRESENT OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 4 - ACTIVIT							Α:		2 - WET 3 - SNOW		2 - BLACKTOP, BITUMINOUS,					
ACTIVE SCHOOL ZO	DNE	5 - (	THER		5 -	TERMINATION AF	REA .	3 - CURVE LEVEL 4 - CURVE GRADE	4 - ICE		ASPHALT 3 - BRICK/BLOCK					
20074940 0 80	ONDITION		7 (1	WEAT	HER 6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, I OIL, GRAVEL	UD, DIRT, 4 - SLAG, GRAVEL,						
						CROSSWINDS			6 - WATER (STAI	STONE						
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED 4 - RAIN						SAND, SOIL, DIR G RAIN OR FREEZ	in .		MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN						
5 - DARK – UNKN 9 - OTHER / UNK		LIGHTING	5 - SL	EET, HAIL	99 - OTHER/	UNKNOWN			9 - OTHER/UNKN	NKNOWN						
NARRATIVE											Indicate the north					
Unit one was	stopped	at a sto	op sign or	ı Fieldpo	int						direction with an "N" on the					
(westbound)								ScenePD ™ - Evaluation Edition			compass diagram.					
a stop sign on						Eve	N Evaluatio	Evaluation Edition			1 1-					
Rd. Unit one						Evaluation Edition	*	Evaluation 6	Evaluation Edition	valuation Edition						
began to turn	_		-		1	Not Evaluation Edition	To Scale Evaluation	Evaluation Edition								
with each oth		JIIL UI	anit two	maue co	iitatt	_		Evaluation Edition	Evaluation Edition	valuation Edition						
	With each other.  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition															
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						Evaluation Edition	Evaluation	Evaluation Edition								
00000	NATE (TYPE	1 -	VODATAL SATE	****				Trancite (877) 908-4777	NATE / T1325	1 -	-     -					
0 8 0 4 2 0 2 3			DISPATCH DATE /		CAPARAGA	IVAL DATE / TIME		SCENE CLEARED 1		V	PORT TAKEN BY POLICE AGENCY					
08042023 1937 08042023 1943 08  TOTAL TIME OTHER TOTAL OFFICER'S NAME*								CER'S NAME*	<u> </u>		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINUTES Banks							mart	SUPPLEMENT (CORRECTION OR ADDITION								
	OFFICER'S BADGE NUMBER*  O 7 - 1 3 9 0							BY OFFICER'S BADGE NUMBER*  10 AM EXISTING REPORT SENT TO 800PS)								
		لــــــــــــــــــــــــــــــــــــــ			1 - 1 -		1		L							

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

OHIO DEF OF PUBLI SAFETY - SERVI	OHIO DEPARTMENT OF PUBLIC SAFETY MATERIA MATERIAL								2 0 2 3 - 0 0 0 0 8 7 8 4										
UNIT #										D	ATE OF	BIRTH			AGE	GENDER			
0 1	ELLIS, LUCINDA B									1 1 / 2 2 / 1 9 4 3 7 9 F									
2	ADDRESS: STREET, CITY, STATE, ZIP  1071 JOANN CT HEATH, OH 43056  CONTACT PHONE - INCLUDE AREA CODE  108																		
	IES INJURED EMS AGENCY (NAME) INJURED TAKEN					O: MEDICAL FACILITY (NAME, CITY) USED SAFETY EQUIPMENT			□ D01	Γ-Complia	SEATIN	G POSITIO	N AIR BAG	USAGE	EJECTION	TRAPPED			
S 5	BY								0 4	Шмс	HELME	T _0	1	11	1 1 1				
INJURIES  OL STATE  O H					OFFENSE CHARGED LOCAL CODE				NSE DESC	RIPTION				CITATION NUMBER					
OL CLASS									IDITION			OHOL TEST YPE VALUE STATU			DRUG TEST(S) S   TYPE   RESULT SELECT UP TO				
. 4	SELECT UP TO 2		TRACTED ALCOHOL MARI			RIJUANA	1	1 STATUS T						1					
UNIT #	NAME: LAST, F	FIRST, MIDDLE	OTTLK DROG							ATE OF	 BIRTH			AGE	GENDER				
0 2	PERKINS	, KELLEY L					0 2	/ 2	. 2 ,	/ , 1 ,9	7 7	4	6	F					
ADDRESS:	STREET, CITY, ST	ATE, ZIP								CONTA	CT PHO	NE - INCL	JDE AREA C	ODE			_		
967 NO	967 NORTHBROOK CT HEATH, OH 43056																		
ADDRESS: 967 NO INJURIES OL STATE OL H	IES INJURED TAKEN BY EMS AGENCY (NAME)							USED	EQUIPMENT  O 4	DOT-COMPLIANT SEATING POSITIO			N AIR BAG	USAGE	EJECTION 1	TRAPPED .			
OL STATE	E OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL				OFFE	NSE DESC	RIPTION	l	CI			ITATION NUMBER				
O H							CODE												
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI	E <b>CTED</b> RIJUANA	CON	IDITION	STATUS		L TEST VAL	.UE	STATUS	DRUG TYPE	RESULT	SELECT UP TO 4		
_4					1 OTHER DRUG			1	L	1	1				1				
UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER									
Annerss:	ADDESS, OTDEST CITY STATE ZID									CONTACT PHONE - INCLUDE AREA CODE									
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP									CONTA		INCE - INCE	JUE AREA C	I I	1		1 1		
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY	EQUIPMENT	D01	T-COMPLIA	SEATIN	G POSITIO	N AIR BAG	USAGE	EJECTION	TRAPPED		
	BY	ICENSE NUMBER	OFFENSE CHARGED LOCAL			L	NSE DESC	RIPTION			CITAT	CITATION NUMBER							
OL STATE	OI ERATOR E	TOENSE NOMBER		CODE					NOL DESC										
OL CLASS	ENDORSEMENT SELECT UP TO 2			VER TRACTED		COHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST STATUS TYPE VALUE S			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4						
	ļ		ВУ	ALCOHOL M		_	RIJUANA												
INJU	IRIES	SEATING POSITION	A	IR BAG	П	OL CLASS	s	OL	RESTRIC	TION(S)	DF	RIVER D	ISTRAC'	TION	TE	ST STA	TUS		
1 - FATAL	OFFICIAL IN HIDY	1 - FRONT - LEFT SIDE		1 - NOT DEPLOYED 1 - 0 2 - DEPLOYED FRONT 2 - 0			1 - ALCOHOL INTER							1 - NONE GIVEN					
3 - SUSPECTED		O EDONE MIDDLE		ED FRUNT		2 - CLASS B 3 - CLASS C				2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES			ELECTRONIC COMMUNICAT			3-1E31 GIVEN, CUNTAMINATED			
4 - POSSIBLE IN	INJURY 3 - FRONT - RIGHT SIDE		4 - DEPLOYED BOTH FRONT / SIDE			4 - REGULAR CLASS		4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)			SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN					
5 - NO APPAREN	APPARENT INJURY  4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE (OHIO = D)  9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY						CEPT CLASS. CEPT CLASS.	5 MEMING 0			ON HANDS-FREE VICATION DEVICE 5 - TES			ST GIVEN, RESULTS			
	ED TAKEN BY 5- SECOND - MIDDLE			6 - NO VALID OL					& CLASS B BUS			4 - TALKING ON HAND-HELD							
1 - NOT TRANSP /TREATED AT	ED AT SCENE 7-THIRD – LEFT SIDE		EJECTION OL ENDORSEMENT					7 - EXCEPT TRACTOR-TRAIL 8 - INTERMEDIATE LICENSE							ALCOHOL TEST TYPE				
2 - EMS	O TUIDD MIDDLE		1 - NOT EJECTED H - HAZMAT				RESTRICTIONS			ELECTRONIC DEVIC			IC DEVICE						
3 - POLICE	ICE 8- I HIRD - MIDDLE HER / UNKNOWN 9- THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED M - MOTORCYCLE 3 - TOTALLY EJECTED P - PASSENGER				9 - LEARNER'S PER RESTRICTIONS			RMIT 6 - PASSENGER 7 - OTHER DISTRACTIO				3 - URINE					
	10 - SLEEPER SECTION					N - TANKER	N-TANKER 10-LIMITED TO			LIGHT ONL	γ	INSIDE THE VEHICLE			4 - BREATH				
1 - NONE USED	11 DACCENCED IN OTHER			Q - MOTOR SCOOTER  TRAPPED R - THREE-WHEEL MOTORCYCLE				11 - LIMITED TO EMPLOYMENT 12 - LIMITED – OTHER				8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN			5-OTHER  DRUG TEST TYPE				
	- SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, - LAP BELT ONLY USED PICK-UP WITH CAP)		2 EVIDICATED DV						13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND		D				1 - NONE				
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			X - TANKER / HAZMAT	CONTROLS, OR OT ADAPTIVE DEVIC 14 - MILITARY VEHIC 15 - MOTOR VEHICLE: AIR BRAKES		0=01		CONDITION  1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE					
	5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 13 - TRAILING UNIT										2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			4 - OTHER					
	- CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)													DRUG TEST RESULT(S)					
	7 - BOOSTER SEAT 15 - NON-MOTORIST							16 - OUTSIDE MIRRO			, , , , , , , , , , , , , , , , , , , ,					ETAMINES			
	3 - HELMET USED 99 - OTHER / UNKNOWN							17 - PROSTHETIC AID 18 - OTHER				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES 3 - BENZODIAZEPINES				
	7 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS				4 - CANNABINOIDS				
	REFLECTIVE CLOTHING										1	/ALCOHOL			5 - COCAINE 6 - OPIATES / OPIOIDS				
	.IGHTING – PEDESTRIAN BICYCLE ONLY											9- OTHER/UNKNOWN			6 - OPTATES / OPTOIDS 7 - OTHER				
99 - OTHER / UNK	OTHER / UNKNOWN														8 - NEGATIVE RESULTS				