OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MA	NDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	OCAL REPORT NUMBER						
PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER	REPORTING AGENCY NAME*	NOTO	2 0 2 3 - 0 0 0 0 8 8 5 9								
SECONDARY CRASH PRIVATE PROPERTY	Heath PD	0 4	NCIC* 507	1 - SOLVED 2 - UNSOLVED	0 2 0	Annual of the second					
COUNTY* LOCALITY* LOCATION: CIT		CRASH DATE / TIME * CRASH SEVERITY									
4 5 1 2 - VILLAGE HEATH	08062023 1250 5 2-SERIOUS INJURY SUSPECTED										
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 1 - NORTH 2 - WEST	30TH		ROAD TYPE	20000000000000000000000000000000000000	3	MINOR INJURY					
	MILEPOST, HOUSE #)	S T ROAD TYPE	LONGITUDE DE	SUSPECTED INJURY POSSIBLE							
2 - SOUTH 3 - EAST	CLAREN	mile oo i, nooce ay	D R	- 8 44	291 5.	PROPERTY DAMAGE					
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE		INTERSECTION RELATED							
1 - INTERSECTION FROM REFERENCE 1 - NORTH IR	- INTERSTATE ROUTE(TP) AL	- ALLEY HW - HIGHWAY R	RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH							
3-HOUSE # 3-EAST	- I EDERAL OS ROOTE		T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
	NUMBERED COUNTY ROUTE CR		E - TERRACE L - TRAIL	ROADWAY							
	NUMBERED TOWNSHIP DR	- DRIVE PI - PIKE V	VA - WAY	ROADWAY DIVIDED							
3-YARDS		- HEIGHTS PL - PLACE									
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER	R 1-NOT	NER OF CRASH COLLISION/IMPA COLLISION 4 - REAR-TO-REAR	CT	DIRECTION OF TRAVEL 1 - NORTH	1 - DIVIDED FI	C00-20-20 76-64					
and the second of the second o	TWO	WEEN 5-BACKING MOTOR 5-ANGLE ICLES IN 6-ANGLE		2 - SOUTH	(<4 FEET	(< 4 FEET) 2 - DIVIDED FLUSH MEDIAN					
4 - ON ROADSIDE 12 - SHARED U	SE PATHS OR TRAI	NSPORT 7 - SIDESWIPE, SAME	SIDESWIPE, SAME DIRECTION 4-WEST (≥4 FEET)								
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2-IIENI	*			AISED MEDIAN						
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER/UN	· ·					(ANY TYPE) OTHER/UNKNOWN					
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE					
	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST \ WARNING SIGN	VORK ZONE	1	_1	_2					
	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNIN 3 - TRANSITION AREA	manufacture of	1 - CONCRETE							
	INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - BLACKTOP, BITUMINOUS, ASPHALT							
	OTHER	5 - TERMINATION ARE	LA.	4 - CURVE GRADE	3 - BRICK/BLOCK						
LIGHT CONDITION 1 - Daylight	1 - CLEAR	E R 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
1 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	SNOW	5 - DIRT								
4 - DARK — ROADWAY NOT LIGHTED	9 - FREEZING RAIN OR FREEZI			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN						
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN						
NARRATIVE		_			No.	Indicate the north					
Unit 2 was legally stopping a	-					direction with an "N" on the compass diagram.					
southbound South 30th Stre		I :		ScenePD ™ - Evaluation Edition		· lagram.					
when it was rear-ended by Uto exchange information.	Jnit 1. Unit 1 dia no	Evaluation Edition	ation Evaluation	Evaluation Edition Edition							
to exchange information.				Evaluation Edition	Evaluation Edition Evaluation Edition						
		Evaluation Edition	ation Edition	Edition	#S 410 Evaluation Edition						
			Unit	Evaluation Edition	Office Control of Cont						
		Evaluation Edition	lation Edition		Evaluation Edition	1					
		Evalu	Evaluation	Evaluation Edition	Not To Scale						
		Evaluation Edition		Evaluation E	Evaluation Edition	-					
		Clarenal Evaluation Edition	Prive Evaluation	Evaluation Edition Edition	Custer Road	-					
Evaluation Edition Evaluation Edition Evaluation Edition											
		Evalu Evaluation Edition	Evaluation lation Edition	Edition	1						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	DATE / TIME RE	PORT TAKEN BY					
0,8,0,6,2,0,2,3, 1,2,5,0,0,8,0	62023 1255	08062023 1	3 0 7 0	8062023	12241	POLICE AGENCY					
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT			ECKED BY OFFI	CER'S NAME*		MOTORIST SUDDIEMENT					
WINU	Hoone	DGE NUMBER*		Y OFFICER'S BADGE N	UMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
0 4 0 6 4	0 7 -		0 7	- 1	3 8						

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DEF OF PUBLI SAFETY - SERVI	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST					2 0 2 3 - 0 0 0 0 8 8 5 9											
UNIT #									DATE (OF BIRTH			AGE	GENDER			
01	WEINBERG, ABIGAIL JEAN						1 0	_/ _2	2 8	/ 2	0 0	5	1 7	F			
	RESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE																
<u> </u>		GRANVILLE, OH 4302	23	I		MERICAL FACILITY		SAFETY EQUIPMENT				ATINO DOCUT	1011				
INJURIES ON 5	INJURED I TAKEN BY				TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		T-Compli HELMI	TANT	ATING POSIT	IUN AIR	R BAG USAG 1	E EJECTION	TRAPPED 1		
OL STATE				SE CHAF	RGED	LOCAL	O 4	RIPTION	1				ITATION	TATION NUMBER			
Во н				333.0	333.03 CODE 3333.03			333.03					2:	215968			
OL CLASS	ENDORSEMENT SELECT UP TO 2	EMENT RESTRICTION SELECT UP TO 3 DIST				OHOL / DRUG SUSPI	_			ALCOHOL TEST STATUS TYPE VALUE			STATI	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
. 4			BY	1	=	LCOHOL MAI THER DRUG	RIJUANA	1 1	.1	.1			1	1			
UNIT #	NAME: LAST, F	FIRST, MIDDLE			υ۰	THER BROW					DATE (DF BIRTH			AGE	GENDER	
0 2	ROLLETT	A, ALEXANDER JAME	S						1 0	/ (0 ,1	, / , 1	9 9	, o	3 2	М	
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
900 W	MAIN ST N	IEWARK, OH 43055															
INJURIES	TAKEN	EMS AGENCY (NAME)		USED			SAFETY EQUIPMENT		T-Compl	IANT	ATING POSIT	ION AIR	BAG USAG				
5	ВУ						0 4		HELMI	ET	0 1	_ _	1 1 1				
OL STATE	OPERATOR L	PERATOR LICENSE NUMBER OFFI			SE CHAF	KGED	CODE	OFFENSE DESC	RIPTION	1	CIT			ITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALC	OHOL / DRUG SUSPI	ECTED	CONDITION		ALCOH					UG TEST(S		
	SELECT UP TO 2		DIST BY	TRACTED	_	_	RIJUANA		STATUS		'	VALUE	STATI		E RESULT	T SELECT UP TO 4	
4				1	0	THER DRUG		1	1	1	.∟		1	1		1	
UNIT #	** NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GEND							GENDER		
ADDRESS:	STREET, CITY, ST.	ΔΤΕ. 71P							CONTACT PHONE - INCLUDE AREA CODE								
ADDRESS:	3111221,0111,311	A1 C, 211							CONTA		UNE - II	NCLUDE AREA	CODE				
INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)			T Course	SE.	ATING POSIT	ION AIR	R BAG USAG	E EJECTION	TRAPPED	
NON /	TAKEN BY		USED		USED	MC HELMET				_ _		_					
OL STATE	OPERATOR L	TOR LICENSE NUMBER			OFFENSE CHARGED LOCAL OFFENSE CODE			OFFENSE DESC	CRIPTION				CI	CITATION NUMBER			
010	S ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIV								AI COM	_COHOL TEST			DRUG TEST(S)				
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED		DHOL / DRUG SUSPI LCOHOL MAI	RIJUANA	CONDITION	STATUS			VALUE	STATI		E RESULT		
						THER DRUG					_ •						
INJU 1 - FATAL	RIES	SEATING POSITION 1-FRONT-LEFT SIDE	A 1 - NOT DEP	IR BAG		OL CLASS 1 - CLASS A	S	OL RESTRIC				R DISTRA	CTION		TEST STA	TUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYE				1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY			1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN							
3 - SUSPECTED	2 FRONT DICHTCIPE		ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LENSES 4 - FARM WAIVER			DEVICE (TEXTING, TYPING,								
	FUSSIBLE INJURY 4- DEFLUT		5 - NOT APP	LICABLE (OHIO = D)			5 - EXCEPT CLASS A BUS			DIALING) 3 - TALKING ON HANDS-FREE			4 - TEST GIVEN, RESULTS KNOWN				
INJURED	NJURED TAKEN BY 5- SECOND - MIDDLE 9- DEPLOYN					6 - EXCEPT CLASS & CLASS B BUS				NICATION DEVICE 5 - TEST GIVEN, RESULTS UNKNOWN				SULTS			
	OT TRANSPORTED 6 - SECOND - RIGHT SIDE REATED AT SCENE 7 - THIRD - LEFT SIDE		7 - EXCEPT TRAC COLUMN FOR THE PROPERTY STATEMENT STATE			011 110112211			JNICATION DE	N DEVICE ALCOHOL TEST			ST TYPE				
2 - EMS		(MOTORCYCLE SIDE CAR) 8-THIRD – MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS			ELECTI	RONIC DEVICE		1 - NO 2 - BI			
3 - POLICE 9 - OTHER / UNK	OLICE 2 - PARTIAL THER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY		DECEDICAL			9 - LEARNER'S PER RESTRICTIONS				PASSENGER 2-BLOOD OTHER DISTRACTION 3- URINE							
	10 - SLEEPER SECTION 4 - NOT APP SAFETY EQUIPMENT 0 F TRUCK CAB 4 - NOT APP		LICABLE N-TANKER 10-LIMITED TO DA														
1 - NONE USED	DAFETT EGGTFWENT		Q - MOTOR SCOOTER 11 - LIMITED TO EW R-THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH			ER THE VEHICLE				DRUG TEST TYPE							
	SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA		PPED S - SCHOOL BUS 13 - MECHANICAL I (SPECIAL BRAI			(ES, HAND				1-NONE							
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHA		MECHAN	VICAL MEANS Y - TANKER / HAZMAT ADAP				CONTROLS, OR OTHER ADAPTIVE DEVICES)			CONDITION 1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE			
	FORWARD FACING 13-TRAILING UNIT NO		3 - FREED B NON-ME(ECHANICAL MEANS			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID		2 -	2 - PHYSICAL IMPAIRMENT			4-OTHER				
	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)									3 - EMOTIONAL (E.G., DEPRESSED ANGRY, DISTURBED)			DRUG TEST RESULT(S)				
7 - BOOSTER SE	7 - BOOSTER SEAT 15 - NON-MOTORIST									4- ILLNESS 5- FELL ASLEEP, FAINTED,				1 - AMPHETAMINES 2 - BARBITURATES			
	8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED						18 - OTHER			FATIGUED, ETC.			3 - BE	2 - BARBITURATES 3 - BENZODIAZEPINES			
(ELBOW, KNE	(ELBOW, KNEES, ETC.)									6- UNDERTHE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL				4 - CANNABINOIDS 5 - COCAINE			
11 - LIGHTING - F	10 - REFLECTIVE CLOTHING 11 - LIGHTING – PEDESTRIAN											9- OTHER / UNKNOWN			6 - OPIATES / OPIOIDS		
/ BICYCLE ON 99 - OTHER / UNK								7 - OTHER 8 - NEGATIVE			THER EGATIVE RESU	LTS					