OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MA	NDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	O O O O 8	I			
PHOTOS TAKEN OH-2 K OH-3 OH-1P OTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR								
	Heath PD	0 4	NCIC* 1 5 0 7	1 - SOLVED	E E	1 98 - ANIMAL 99 - UNKNOWN			
COUNTY* LOCALITY* 1 - CITY LOCATION: CITY	CRASH DATE / TIME* CRASH SEVERITY								
4,5 1 2-VILLAGE HEATH	08092023, 1105, 5 1- FATAL 2- SERIOUS INJURY								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROAD TYPE	2. MINIOR IN HIRV							
	Hebron		RD	4.0.0 2 8 0 1 5					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE		INJURY POSSIBLE PROPERTY DAMAGE			
	895			-82,443	504	ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE 1 - INTERSECTION 1 - NORTH IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW - HIGHWAY R	D - ROAD	l —	INTERSECTION RELATED RSECTION OR ON APPROA	,			
2 MILE POST 2 COUTU	I EDENAL OF NOOTE		Q - SQUARE			4			
	STATE RUUTE		T - STREET E - TERRACE						
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR -	NUMBERED TOWNSHIP		L - TRAIL VA - WAY	ROADWAY					
1 7 1 2 2-FEET 3-YARDS	ROUTE	- HEIGHTS PL - PLACE	VM ******	ROADWAY DIV	IDED				
LOCATION OF FIRST HARMFUL EVEN	I	NER OF CRASH COLLISION/IMPA	СТ	DIRECTION OF TRAVE	MEDIAN	ITYPE			
1 - ON ROADWAY 9 - CROSSOVER 1 - ON SHOULDER 10 - DRIVEWAY	ALLEY ACCESS & BETY	COLLISION 4-REAR-TO-REAR WEEN 5-BACKING MOTOR		1 - NORTH , 2 - SOUTH	(<4 FEET	L - DIVIDED FLUSH MEDIAN (< 4 FEET)			
3 - IN MEDIAN 11-RAILWAY G 4 - ON ROADSIDE 12-SHARED US	RADE CROSSING VEH	ICLES IN 6-ANGLE NSPORT 7-SIDESWIPE, SAME	DIRECTION	3 - EAST	2 - DIVIDED F (≥4 FEET	LUSH MEDIAN)			
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAF 3 - HEAI	R-END 8-SIDESWIPE, OPPO	SITE DIRECTION	4 - WEST 3 - DIVIDED, DEPRESSED F 4 - DIVIDED, RAISED MEDI					
7 - ON RAMP 14-TOLL BOOT	4	J-ON 9-OTHER/ONKNOW	VIN		KNOWN				
8-OFF RAMP 99-OTHER/UN		l		CONTOUR	CONDITIONS	SURFACE			
	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN WO 1 - BEFORE THE 1ST \		1	1	2			
1 3	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNIN	ARNING SIGN L L L L L L L L L L L L L L L L L L L						
LAW ENFORCEMENT PRESENT	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA	L	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS,			
	OTHER	5 - TERMINATION ARE	EA	A 3-CURVELEVEL 3-SNOW A					
LIGHT CONDITION	WEATHE	i.R		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,			
1 - DAYLIGHT 2 - DAWN/DUSK	1 - CLEAR O1 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS	UIL, GRAVEL STOI						
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DIRT,	ND, SOIL, DIRT, SNOW MOVING)						
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN	NG DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN				
9 - OTHER/ UNKNOWN									
NARRATIVE Unit 2 was stopped at the lig	ht on C 20th Ct			1. 1. 1.		Indicate the north direction with			
traveling north across SR 79		na -				Tan "N" on the compass diagram.			
north on SR 79 in the left ha		- 1		ScenePD ™ - Evaluation Edition Evaluation Edition					
turned green and proceeded			Evaluation uation Edition	Edition	N Evaluation Edition				
and was struck by Unit 1.			Evaluation	Evaluation Edition	Evaluation Edition Edition				
		Evaluation Edition	uation Edition		Evaluation Edition Evaluation Edition				
			Evaluation	Evaluation Edition Edition	SR 79				
		Evaluation Edition	<u> </u>	Evaluation I	Evaluation Edition Evaluation Edition				
		Evaluation Edition	Evaluation	Evaluation Edition					
				Unit 2 Evaluation Edition	Evaluation Edition Evaluation Edition Not To Scale]			
		Evaluation Edition	uation Edition	Edition S Unit 2	S. 30th St				
		-	Evaluation	Evaluation Edition	Evaluation Edition				
		Evaluation Edition	uation Edition	Trancite (877) 908-4777					
Supplied to the Committee of the Committ	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	2007092478 304113899811	EPORT TAKEN BY			
08092023 1105 080	92023 1117	08092023 1	1190	8092023	1157	POLICE AGENCY MOTORIST			
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT			HECKED BY OFFI	CER'S NAME*	구남	SUPPLEMENT			
	OFFICER'S BAI	GE NUMBER*	CHECKED	Y OFFICER'S BADGE N		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
2 0 7 2	07-	1 5 3	0 7	. 1	3 8				

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DE OF PUBL SAFETY - SEF	OHO DEPARTMENT MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 0 8 9 7 6								
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
01	GOOGINS	GOOGINS, KAREN S							0 2 / 2 8 / 1 9 5 9 6 4 F						
ADDRESS	S: STREET, CITY, ST								CONTACT P	HONE - INCLUDE AREA O	ODE				
₽		D CAMBRIDGE, OH	13725	I		MEDICAL FACILITY		CAFETY FOULDMENT	T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
INJURIES	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJURED	IAKEN IU	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 .4	DOT-COM	PLIANT	AIR BAG US	AGE EJECTION	TRAPPED 1		
OL STATE		ICENSE NUMBER		OFFEN:	SE CHAF	RGED	LOCAL	OFFENSE DESC			CITATION NUMBER				
OL STATE				4511.			CODE	Traffic Cont			153080923001				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT			ALC	DHOL / DRUG SUSPI	ECTED	CONDITION	ALCO STATUS TY	DHOL TEST PE VALUE		RUG TEST(S	T SELECT UP TO 4		
. 4	322201 01 102	BY 1			=	LCOHOL MAI	RIJUANA	1	1 1	7,1202	1 1		00000101104		
UNIT #	NAME: LAST, F	EIRST MIDDLE			Пο	THER DRUG			المارات	DATE OF BIRTH		AGE	GENDER		
0 2		TAYLOR RENEE							0 9 /	0 6 / 2 (0 .0 .3 .	1 9	F		
	S: STREET, CITY, STA							CONTACT PHONE - INCLUDE AREA CODE							
PADDRESS ADDRESS NOW INJURIES	AYNE DR H	HEATH, OH 43056													
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	0: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			DOT-Com	SEATING POSITIO	N AIR BAG USAGE EJECTION TRAPPED				
<u>5</u> _ 5	BY					USED 0 4			MC HEL		4 1 1				
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL OFFENSE DESC			<u>'</u>	CITATION NUMBER				
OL STATE									A1 0	NIOL TECT					
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Tracted				CONDITION	STATUS TY	PE VALUE		TATUS TYPE RESULT SELECT UP TO 4			
4	ر ـــا			1	=	THER DRUG		1	1 1		1 1				
UNIT#	NAME: LAST, F	FIRST, MIDDLE	'	·						DATE OF BIRTH	'	AGE	GENDER		
	J														
ADDRESS	S: STREET, CITY, ST	ATE, ZIP							CONTACT P	HONE - INCLUDE AREA C	ODE				
010	Immes I	EMO AGENOV		T		MEDICAL PACTURY		CAPETY FAUTOMENT		OF ATTINO DOCUTIO	<u> </u>				
ADDRESS	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJURED	IAKEN IU	: MEDICAL FACILITY	(NAME, CITY)	USED	DOT-COM		N AIR BAG US	AGE EJECTION	TRAPPED		
	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAF			RIPTION		CITATIO	CITATION NUMBER				
OL STATE							CODE								
OL CLASS	S ENDORSEMENT RESTRICTION SELECT UP TO 3 DRI SELECT UP TO 2 DIS			RACTED			CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO					
			BY		=	LCOHOL MAI THER DRUG	RIJUANA	ļ]						
INJ	URIES	SEATING POSITION	A	IR BAG	□ °	OL CLAS	S	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST STA	TUS		
1 - FATAL	o centone in mov	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED 2 - MANUALLY OPERATIN		NONE GIVEN			
	D SERIOUS INJURY D MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOYE	ED BOTH FRONT / SIDE 4 - REGULAR CLASS			2 - CDL INTRASTAT 3 - CORRECTIVE LE		ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		3-1E31 GIVEN, CONTAMINATED				
4 - POSSIBLE I		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE					4 - FARM WAIVER 5 - EXCEPT CLASS	A DUC			4-TEST GIVEN RESULTS KNOWN				
	(MOTORCYCLE PASSENGER)			MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLA				6 - EXCEPT CLASS	А	3 - TALKING ON HANDS-FF COMMUNICATION DEV					
	1-NOTTRANSPORTED					6 - NO VALID OL & CLASS B BUS 7 - EXCEPT TRACTI				THE CONTROL OF THE CO			ALCOHOL TEST TYPE		
/TREATED A	AT SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION CTED		OL ENDORSE	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	ΔN	NONE	SITTFE		
3 - POLICE	3-POLICE 8-THIRD-MIDDLE 2-PARTIA						9 - LEARNER'S PERMIT		6 - PASSENGER		2 - BLOOD 3 - URINE				
9 - OTHER / UN	9-OTHER/UNKNOWN 9-THIRD-RIGHT SIDE 3-TOTALL 10-SLEEPER SECTION 4 NOT AD			חר			RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE 4 - BREATH				
	SAFETY EQUIPMENT 1 NAME USED 11 - PASSENGER IN OTHER			Q - MOTOR SCOOTER 11 - LIMIT				- LIMITED TO EMPLOYMENT 8 - OTHER DISTRACTION THE VEHICLE		OUTSIDE 5-OTHER					
	1 - NONE USED 11 - FASSITURE IN OTHER ENCLOSED CARGO AREA 2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAPPI				PED R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OT 13 - MECHANICAL 13 - MECHANICAL			12 - LIMITED - OTHE 13 - MECHANICAL D	IHER 9-OTHER/UNKNOWN		DRUG TEST TYPE				
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRIC		2 - EXTRICA	3 - 30HUUL BU3			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		1 - NONE 2 - BLOOD				
	5 - CHILD RESTRAINT SYSTEM — CARGO AREA 3 - FRE		3 - FREED B	X - TANKER / HA7MAT			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER				
	ILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR			CHANICAL M	HANICAL WEARS			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED,					
REAR FACIN	REAR FACING (NON-TRAILING UNIT)						16 - OUTSIDE MIRROR		ANGRY, DISTURBED) 4- ILLNESS		DRUG TEST RESULT(S) 1 - AMPHETAMINES				
	- BOOSTER SEAT 15 - NON-MOTORIST - HELMET USED 99 - OTHER / UNKNOWN									5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES			
9 - PROTECTIV (ELBOW, KN								10-VINEK		6- UNDERTHE INFLUENCE OF MEDICATIONS / DRUGS		3 - BENZODIAZEPINES 4 - CANNABINOIDS			
10 - REFLECTIV	EFLECTIVE CLOTHING								/ALCOHOL			5 - COCAINE			
11 - LIGHTING - / BICYCLE O	ITING – PEDESTRIAN YCLE ONLY									9- OTHER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTHER / UN	OTHER / UNKNOWN											8 - NEGATIVE RESULTS			

Ū	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						2023		O O 8	9 7	6			
	UNIT #	T # NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER						
Į.	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN														
00	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
8	UNIT #	NAME: LAG	T FIRST MIDDLE						E OF BIRTH		ACE	GENDER		
	UNII #	NAIWIE: LAS	T, FIRST, MIDDLE					DAI	E UF BIKIN		AGE	GENDER		
Į	ADDRESS	: STREET, CITY,	STATE ZIP					CONTACT PHONE	- INCLUDE AREA COL					
OCCUPAN		, , , ,	,						1 1					
9	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT C.	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
	1 1	TAKEN BY					USED	MC HELMET						
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE		I			DATE OF BIRTH AGE GENDE						
ANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN														
٥	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BY						☐ MC HELMET		LL				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
Ļ														
OCCUPAN	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
9	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TV (NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	ATD BAC HEACE	FIECTION	TDADDED		
	INJUNIES	TAKEN BY	EWIS AGENCY (NAME)		INJURED TAKEN TO: INTEDICAL PACILITY	IT (NAME, CITY)	USED	DOT-COMPLIANT	SEATING FUSITION	AIR BAG USAGE	EJECTION	IRAFFED		
i		INJU	JRIES	SAFET	 Y EQUIPMENT USED		SEATING POS	 ITION		AIR BAG U	SAGE			
	1 - FATA			1 - NONE US			IT – LEFT SIDE		1 - NOT DE					
	2 - SUS	PECTED SE	RIOUS INJURY		OCCUPANT (MOTORCYCLE D			ER)	2 - DEPLO	YED FRONT				
	4 - POSSIBLE INJURY 4 - POSSIBLE INJURY 4 - SHOULDE			3 - FRONT - RIG			E	3 - DEPLOYED SIDE						
				ER & LAP BELT USED		ND – LEFT SID		4 - DEPLOYED BOTH FRONT/SIDE						
	5 - NO APPARENT INJURY			ESTRAINT SYSTEM –	(ENGEN)		PPLICABLE							
				D FACING	DE									
	1 - NOT TRANSPORTED 6 - CHILD RI /TREATED AT SCENE REAR FA			ESTRAINT SYSTEM – CING	CAR)		EJECTI	O N						
	2 - EMS 7 - B00STER			RSEAT		1 - NOT EJ	ECTED							
	3 - POLICE 8 - HELMET			USED		D – RIGHT SIDE PER SECTION (ALLY EJECTED						
				TVE PADS USED KNEES, ETC.)		ENGER IN OTH		Y EJECTED						
				TIVE CLOTHING		O AREA (NON-TI PICK-UP WITH CA	P)							
	11 - LIGHTING – PEDESTRIAN 12 - PASSENGER IN UN CARGO AREA													
	/ BICYCLE ONLY 13 - TRAILING UNIT 99 - OTHER / UNKNOWN 14 - PINNIC ON VEHICLE						1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL							
	77 - 0111121(7)			OTATION WIN	14 - RIDING ON VEHICLE (NON-TRAILING UNIT)			MEANS			O/1.E			
							MOTORIST ER/UNKNOWN		3 - FREED MEANS	BY NON-ME	CHANIC	AL		
H	NAME: LA	ST, FIRST, MIDD	LE			77- OTTIL	IN / ONKINOVII	DAT	E OF BIRTH		AGE	GENDER		
ESS		eld, Diane						0 6 / 2		6 4	5 9	F		
WITNESS	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE				
>	113 Su	lwen LN (Granville, OH 4302	23										
S	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
M	ADDRESS. STREET, WIT, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
5	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE								
ESS														
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
^									1 1					