OF PUBLIC SAFETY TRAFFIC CRASH	<b>KEPORT</b> *DENOTES MAN LOCAL INFORMATION	NDATORY FIELD FOR SUPPLEM	MENT REPORT	1	O O O O				
PHOTOS TAKEN OH-2 NO 0H-3									
SECONDARY CRASH PRIVATE PROPERTY	NCIC* 4 5 0 7	1-SOLVED 0 3 UNIT IN ERROR  0 1 98-ANIMAL							
COUNTY* LOCALITY* LOCATION: CITY	Heath PD  (, VILLAGE, TOWNSHIP*			CRASH DATE /		CRASH SEVERITY			
4 5 1 2 - VILLAGE HEATH				08142023	1652 5	1 - FATAL			
T NORTH I	LATITUDE DECIMAL DEGREES 2 - SERIOUS INJURY SUSPECTED								
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2 - SOUTH 3 - EAST 4 - WEST			40,030	3 5 0	3 - MINOR INJURY SUSPECTED				
	REFERENCE ROAD NAME (ROAD, N	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE			
2 20027	WAYNE		D R	-82,439	3 9 6	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION RELA	ATED			
1 2-MILE POST 2 2-SOUTH US			RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON APP				
3- HOUSE #   - 3- EAST	STATE ROUTE BL -		ST - STREET TE - TERRACE	WITHIN INTE	RCHANGE AREA	4 Number of approaches			
DISTANCE DISTANCE CR - UNIT OF MEASURE	TL - TRAIL	ROADWAY							
8 0 2 1-MILES TR-	WA - WAY	ROADWAY DIV	/IDED						
LOCATION OF FIRST HARMFUL EVEN		- HEIGHTS PL - PLACE  NER OF CRASH COLLISION/IMPA	ACT	DIRECTION OF TRAVE	ME ME	DIAN TYPE			
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT C	COLLISION 4 - REAR-TO-REAR		1 - NORTH	1 - DIVIDI	ED FLUSH MEDIAN			
	TWO I	MOTOR 5-BACKING CLES IN 6-ANGLE		2 - SOUTH 3 - EAST	2 - DIVID	EET ) ED FLUSH MEDIAN			
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS		ISPORT 7 - SIDESWIPE, SAM		4 - WEST	(≥4 F 3 - DIVID	EET ) ED, DEPRESSED MEDIAN			
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEAD				1	ED, RAISED MEDIAN			
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER/UN	· · · · · · · · · · · · · · · · · · ·					RUNKNOWN			
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN W	ORK ZONE	CONTOUR	CONDITIONS	SURFACE			
1-	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST WARNING SIGN	WORK ZONE	1	1	2			
3-	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNI  3 - TRANSITION ARE							
4-	INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - BLACKTOP, BITUMINOUS,				
ACTIVE SCHOOL ZONE 5 -	OTHER	5 - TERMINATION AF	REA	4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT  3 - BRICK/BLOCK			
LIGHT CONDITION	WEATHER			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL,			
1 - DAYLIGHT <b>1</b> 2 - DAWN/DUSK	B	6 - SNOW 7 - SEVERE CROSSWINDS			6 - WATER (STANDIN	STONE G, 5-DIRT			
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	(i) 274	8 - BLOWING SAND, SOIL, DIR 9 - FREEZING RAIN OR FREEZ			MOVING) 7-SLUSH	9 - OTHER/UNKNOWN			
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	THE RESIDENCE OF THE PARTY.	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN	t			
NARRATIVE						✓ Indicate the north			
Units 2 and 3 were legally st	opped in traffic in th	he			4	direction with an "N" on the			
right through lane of northbo	• •			ScenePD ™ - Evaluation Edition		compass diagram.			
Wayne Drive. Unit 1 did not	safely stop in traffic		Evaluation	Evaluation Edition					
rear-ended Unit 2, pushing it	forward into Unit 3	3. Evaluation Edition	aluation Edition		Evaluation Evaluation Edition	e Edition			
		Ev	Evaluation Edition  Evaluation Edition  Evaluation Evaluation	Evaluation Edition	Edition				
		Evaluation Edition	79/Heb	Evaluation	Evaluation Evaluation	e Edition			
		Evaluation Edition	Evaluation	Evaluation Edition					
			/ / /	yeluation	Evaluation Edition				
		Evaluation Edition	Evaluation Edition	n Edition 2013	Evaluation Edition  Evaluation Edition  Evaluation Edition  Edition				
			//	Evaluation Not To	Evaluation Edition  Edition  Scale	Edition			
		Evaluation Edition	aluation Edition Evaluation	NOT TO	Scale Evaluation	Edition			
		-	Evaluation	Evaluation Evaluation Edition	Evaluation Edition	-			
		Evaluation Edition	Evaluation aluation Edition						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIMI	E	SCENE CLEARED	- stored and stored sto	REPORT TAKEN BY			
08142023 1652 081	42023 1653 0	08142023 1	6 5 7 0	8142023	3 1743	POLICE AGENCY			
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT	L OFFICER'S NAME*	T	HECKED BY OFFI	CER'S NAME*		MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUT	EC Manage	1	ALLEGED BY OF TE	OER O HAME	<u> </u>				
	Moone  OFFICER'S BAD			BY OFFICER'S BADGE	NIIMRER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

3

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DEI OF PUBLI SAFETY - SERV	PARTMENT IC SAFETY ICE - PROTECTION	OTORIST / No	N-M	Іото	RIS	Т			2 0	2	3 - 0		ORT NUM		1 8	4
UNIT #	NAME: LAST, F	FIRST, MIDDLE									DATE OF BIRT	ГН		$\top$	AGE	GENDER
0 1	BREWER, BRANDON KEITH  0 7 / 1 4 / 1									1 9	9 2	ني إلــــــــــــــــــــــــــــــــــــ	3 1	М		
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	СТ РНС	NE - INCLUDE A	AREA COI	DE			
8340 PI	JRITY RD	ST LOUISVILLE, OH	43071													
2	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		-Compli				USAGE		
S 5 BY				0 4				MC HELMET 0 1			1	2 1 1			1	
OL STATE	OPERATOR L	ICENSE NUMBER		CODE			OFFENSE DESC	RIPTION				CITATION NUMBER				
<b>5</b>	O H						CONDITION	ALCOHOL TEST				215970 DRUG TEST(S)				
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		TRACTED	_	LCOHOL MAI		CONDITION	STATUS		VALUE	S	TATUS	TYPE		T SELECT UP TO 4
_1				1	□ ∘	THER DRUG		1	1	1			1	1		
UNIT#	NAME: LAST, F	FIRST, MIDDLE								-	DATE OF BIRT	гн			AGE	GENDER
0 2	SPEARS,	STEVEN E							0 5 / 0 9 / 1 9 7			7 9	ا ا	4 4	M	
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	СТ РНС	NE - INCLUDE A	AREA COI	DE			
3649 H	EBRON ST	HEBRON, OH 43025	;													
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	IISED		-Compli				USAGE	EJECTION	
5	ВУ							0 1		HELME	T 0	1	_ 1		1	_1
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL C <u>od</u> e	OFFENSE DESC	RIPTION				CITAT	ION N	UMBER	
BO H		0.0000000000000000000000000000000000000	- Inn							VI CUM	OL TEST			nelli	G TEST(S	1
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPI LCOHOL   MAI	ECTED RIJUANA	CONDITION	STATUS		VALUE	S	TATUS	TYPE		T SELECT UP TO 4
6				1	=	THER DRUG		1	1	1			1	1		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								ı	DATE OF BIRT	ГН	<u> </u>		AGE	GENDER
0 3	WARREN	, ANTHONY LEWIS							0 7	<sub> </sub> / <sub> </sub> 2	2  9  /	1  9	8 7	<b>.</b>   _	3  6	M
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	СТ РНС	NE - INCLUDE A	AREA COI	DE			
ADDRESS:	Church ST	NEWARK, OH 43055	5					_								
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED		-Compli		_		USAGE		
5	BY							0 4		HELME	T 0	1	1		1	1
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL OF CODE			OFFENSE DESC	RIPTION			CITATION NUMBER					
O H OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRIV	VED	AL C	DHOL / DRUG SUSPI	ECTED	CONDITION		ALCOH	OL TEST			DRU	G TEST(S	)
UL GLASS	SELECT UP TO 2	RESTRICTION SEEEST		TRACTED			RIJUANA	CONDITION	STATUS		VALUE	S	TATUS	TYPE	RESUL	T SELECT UP TO 4
4				1	0	THER DRUG		1	1	1	•		1	1		
INJU 1 - FATAL	RIES	SEATING POSITION  1- FRONT - LEFT SIDE	A 1 - NOT DEP	IR BAG		OL CLASS 1 - CLASS A	S	OL RESTRIC 1-ALCOHOL INTER		constant	RIVER DIST		and the second	1000000000	EST STA	TUS
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT			- MANUALLY OPE	RATING	AN		T REFUSED	
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE		NT / OIDE	3 - CLASS C		3 - CORRECTIVE LE	NSES		DEVICE (TEXTIN				T GIVEN, CON	NTAMINATED ABLE
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYE 5 - NOT APP		INI / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS	3.	DIALING) -TALKING ON HAI	NDS-FRE	E	4-TES	T GIVEN, RES	SULTS KNOWN
INILIPED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOYI	MENT UNKN	OWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A		COMMUNICATIO	N DEVIC	E		T GIVEN, RES NOWN	SULTS
1 - NOT TRANSP	ORTED	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRACTO	R-TRAILER		TALKING ON HAI COMMUNICATIO	N DEVIC	E =	ALC	OHOL TE	ST TYPE
/TREATED AT 2 - EMS	I SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	CTED		OL ENDORSE	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 -	OTHER ACTIVITY ELECTRONIC DE			1 - NON		
3 - POLICE		8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE	2 - PARTIAL		)	M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	TIMI		- PASSENGER	T1011		2 - BL0		
9 - OTHER / UNK	(NOWN	10 - SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY		OTHER DISTRAC INSIDE THE VEH			4 - BRE		
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EM		8-	OTHER DISTRAC	TION OU	JTSIDE	5 - OTH	ER	
1 - NONE USED 2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	PPED		R - THREE-WHEEL MC S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D		9.	OTHER / UNKNO	WN			UG TEST	TYPE
3 - LAP BELT ON		PICK-UP WITH CAP)	2 - EXTRICA	TED BY ICAL MEAN:	ę	T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR O			CONDIT	ION		1 - NON 2 - BLO		
	LAP BELT USED RAINT SYSTEM –	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED B	Υ		X - TANKER / HAZMAT		ADAPTIVE DEVI			APPARENTLY NO			3 - URII		
FORWARD FA	ACING	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-ME(	CHANICAL M	LANS			15 - MOTOR VEHICLE		3 -	PHYSICAL IMPAI - EMOTIONAL (E.G	, DEPRES	SSED,	4 - OTH		
REAR FACIN	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES 16 - OUTSIDE MIRRO			ANGRY, DISTURBED) 4- ILLNESS				HETAMINES	ESULT(S)	
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AII		5-	FELL ASLEEP, FA	INTED,			BITURATES	
9 - PROTECTIVE	PADS USED							18 - OTHER		6-	FATIGUED, ETC. UNDER THE INFL				ZODIAZEPIN	IES
(ELBOW, KNI 10 - REFLECTIVE											OF MEDICATIONS /ALCOHOL		S	5 - COC	NABINOIDS AINE	
11 - LIGHTING - I	PEDESTRIAN									9-	OTHER / UNKNOV	VN			ATES / OPIOII	OS
99 - OTHER / UNK														7 - OTH 8 - NEG	ER ATIVE RESU	LTS

	SONIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM						2 0 2 3 - 0 0 0 0 9 1 8 4							
_								2023	- 00	009	10	<del></del>		
	UNIT #		T, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER  0 6 / 1 8 / 1 9 7 9 4 4 F										
	02	STREET, CITY,	COURTNEY M	0 6 / 1 8 / 1 9 7 9 4 4 F										
OCCUPANT			D HEBRON, OH 4	ONTACT PHONE	- INCLUDE AREA CO									
8	INJURIES	INJURED	EMS AGENCY (NAME)	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED						
	5	TAKEN BY					USED O 4	MC HELMET	0 3	1	1	_1		
ľ	UNIT #	NAME: LAS	T, FIRST, MIDDLE	DAT	E OF BIRTH		AGE	GENDER						
OCCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							
9	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT		AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY					MC HELMET	SEATING POSITION						
ì	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
OCCUPANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   SAFETY EQUIPMEN				SEATING DOSITION	TON AIR BAG USAGE   EJECT		ION TRAPPED		
	INJUNIES	TAKEN BY	ENG AGENCY (NAME)		INSURED PARENTS. MEDICAL PAGEL	USED	DOT-COMPLIANT MC HELMET	JEATING TOSTITON	AIR DAG COAGE	Laconon	IKAITED			
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
									1 1 1					
OCCUPANT	ADDRESS:	STREET, CITY,	STATE, ZIP	CONTACT PHONE	- INCLUDE AREA CO	DE								
							T				<u> </u>			
	INJURIES	INJURED Taken By	EMS AGENCY (NAME)		INJURED TAKEN TO: <b>Medical Facil</b> t	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		INJU	RIES	SAFETY	/ EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
	1 - FATA	۱L		1 - NONE US	ED-	1 - FRON	T – LEFT SIDE		1 - NOT DE	PLOYED				
	2 - SUSPECTED SERIOUS INJURY				OCCUPANT		ORCYCLE DRIV T – MIDDLE	ER)	YED FRONT					
	4 - POSSIBLE INJURY  3 - LAP BELT			ER BELT ONLY USED	3 - DEPLOYED SI									
				ER & LAP BELT USED	ND – LEFT SID ORCYCLE PASS		4 - DEPLOYED BOTH FRONT/SIDE							
					ESTRAINT SYSTEM -	_	5 - NOT APPLICABLE							
	/TREATED AT SCENE REAR FACE 2 - EMS 7 - BOOSTER 3 - POLICE 8 - HELMET 9 - OTHER / UNKNOWN 9 - PROTECT (ELBOW,				D FACING 6 - SECOND - RIG ESTRAINT SYSTEM - 7 - THIRD - LEFT			)E	9 - DEPLO	NOWN				
						(MOT	ORCYCLE SIDE	CAR)		EJECTI	D N			
							D – MIDDLE D – RIGHT SIDE	Ī	1 - NOT EJECTED					
							PER SECTION (		2 - PARTIALLY EJECTED  3 - TOTALLY EJECTED					
					KNEES, ETC.)	CARG	ENGER IN OTH O AREA (NON-TI	RAILING UNIT,	4 - NOT AP					
					IVE CLOTHING		PICK-UP WITH CAI ENGER IN UNE							
							1 - NOTTRAPPED							
					UNKNOWN 13 - TRAILING UNIT 14 - RIDING ON VEHICL			EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS					
							TRAILING UNIT) MOTORIST			, BY NON-ME	CHANIC	AL		
							R/UNKNOWN		MEANS	j				
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDDESS.	STREET CITY	CTATE 7ID					CONTACT DUONE	- INCLUDE ADEA CO					
3	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE							DAT	DATE OF BIRTH AGE GENDER					
WITNESS	1000000													
WIT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
5	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
WITNESS														
ΉM	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	DE				
								Ir i i	1 1	1 1	1 1	1 1		