OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MANDAT LOCAL INFORMATION	ORY FIELD FOR SUPPLEMENT	T REPORT	2023-	OCAL REPORT NUMBER	4 2 9			
▶ PHOTOS TAKEN □ 0H-2 □ 0H-3 □ 0H-1P ★ 0THER	CIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
SECONDARY CRASH PRIVATE PROPERTY	Heath PD		507	1 - SOLVED 0 2 98 - ANIMAL 2 - UNSOLVED 0 2 99 - UNKNOWN					
COUNTY* LOCALITY* LOCATION: CIT	CRASH DATE / TIME* CRASH SEVERITY								
4 5 1 2 - VILLAGE HEATH		0.8212023, 0630, 5 1- FATAL 2- SERIOUS INJURY							
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 2 4 - WEST	LATITUDE DECIMAL DEGREES SUSPECTED 3 - MINOR INJURY								
	30TH	رع		SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILE	POST, HOUSE #)	OAD TYPE	LONGITUDE DE		INJURY POSSIBLE PROPERTY DAMAGE			
	789	L	Ļ	-82,443	207	ONLY			
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE 1-NORTH IR-	ROUTE TYPE INTERSTATE ROUTE(TP) AL - ALLI	ROAD TYPE EY HW-HIGHWAY RD -	ROAD		INTERSECTION RELATED RSECTION OR ON APPROAG				
2 MILE DOST 2 COUTU	FEDERAL US ROUTE AV - AVE		SQUARE						
	STATE ROUTE CR - CIRC NUMBERED COUNTY ROUTE		STREET TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
FROM REFERENCE UNIT OF MEASURE	NUMBERED TOWNSHIP CT - COULDR - DR - DRIV		TRAIL	ROADWAY					
2 - FEET	ROUTE HE - HEIG		1101	ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVEN	1	F CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	All National State (Control of the Control of the C	C03-25-26 74-64			
1 - ON ROADWAY 9 - CROSSOVER 1 - ON SHOULDER 10 - DRIVEWAY.	ALLEY ACCESS 1- NOT COLLI		1 - NORTH 1 - DIVIDED FLUSH MED						
3 - IN MEDIAN 11 - RAILWAY G 4 - ON ROADSIDE 12 - SHARED US	RADE CROSSING VEHICLES	IN 6-ANGLE	RECTION	3 - EAST	2 - DIVIDED FI (≥4 FEET				
5 - ON GORE TRAILS	2 - REAR-END	8 - SIDESWIPE, OPPOSITE	31131-4 TH-91DA	4 - WEST 3 - DIVIDED, DEPRESSED ME 4 - DIVIDED, RAISED MEDIA					
7 - ON RAMP 14- TOLL BOOT	Н	9-OTHER/UNKNOWN)				
8 - OFF RAMP 99-OTHER/UN					9 - OTHER/UN	I			
WORK ZONE RELATED 1-	WORK ZONE TYPE L LANE CLOSURE	OCATION OF CRASH IN WORK 1 - BEFORE THE 1ST WOR		CONTOUR 1	CONDITIONS 1	SURFACE 2			
1 3	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNING A	\REA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE					
LAW ENFORCEMENT PRESENT	OR MEDIAN	3 - TRANSITION AREA	ASSESSED IN	2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP,					
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION AREA		3 - CURVE LEVEL 3 - SNOW ASPHAL 4 - CURVE GRADE 4 - ICE 3 - BRICK/B 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAC GI					
LIGHT CONDITION	WEATHER								
1 - DAYLIGHT	l	NOW		, , , , , , , , , , , , , , , , , , , ,	OIL, GRAVEL	4 - SLAG, GRAVEL, STONE			
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	1,04	EVERE CROSSWINDS BLOWING SAND, SOIL, DIRT, SN	IOW 6 - WATER (STANDING, MOVING) 5 - DIRT			,			
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	The state of the s	REEZING RAIN OR FREEZING OTHER/UNKNOWN	DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	9 - OTHER/UNKNOWN			
9 - OTHER / UNKNOWN	OF NUMBER OF SPECIAL ROOM	STATES AND ASSESSED AS ASSESSED ASSESSED AS AS ASSESSED AS ASSESSE			9-01 HER/ONKNOWN				
NARRATIVE					M	Indicate the north			
UNIT #2 INTENTIONALLY THE						an "N" on the compass diagram.			
ROADWAY. UNIT #1 STRUC TRAVELING SOUTH ON S. 30				ScenePD ™ - Evaluation Edition					
LANE. THE IMPACT CAUSED		Evaluation Edition	Evaluation Edition	Evaluation Edition					
TIRE AND RIM. IMPACT DIS		789 S. 30TH ST		Evaluation I Evaluation,Edition	Evaluation Edition dition	1			
#2 CITED FOR PLACING INJ		Evaluation	Evaluation Edition	Edition F.O.I.	Evaluation Edition				
ROADWAY.			Evaluation	Evaluation Edition	Evaluation Edition				
		Evaluation Evaluation Edition	Edition		Evaluation Edition				
		Evaluation	Evaluation	Evaluation Edition Edition					
		Evaluation Edition		Evaluation F	Evaluation Edition	1			
		Evaluation Edition	Evaluation Edition	Evaluation Edition Edition					
		be years court EUIDH		Evaluation Edition	Evaluation Edition dition				
		Evaluation Edition	Evaluation Edition						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED D	DATE/TIME RI	PORT TAKEN BY			
08212023 0630 082	NAV-SENSALAGESSEL-CAMPAGESEL-CAMP		010	8212023		POLICE AGENCY			
TOTAL TIME OTHER TOTA	L OFFICER'S NAME*	Снеск	ED BY OFFIC	CER'S NAME*		MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUT	Siliare	Hur		OFFICE DISC.		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
	O 7 - 1		CHECKED B	Y OFFICER'S BADGE N	3 0	NO MOR EALSTING REPURT SENT TO ODPS)			

OHIO DEI OF PUBL SAFETY - SERV	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 0 9 4 2 9								
UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
01	THOMAS, SHANE EUGENE							1 1 1 / 2 2 / 1 9 7 2 5 0 M							
ADDRESS:	: STREET, CITY, STA	TREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
7640 C	OOKS HILL	. RD GLENFORD, OH	43739												
INJURIES	INJURED E	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
<u>5</u>	BY							0 4	MC HEL		1	_1	_1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	N NUMBER			
7640 CO INJURIES OL STATE															
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED			CONDITION	ALCOHOL TEST STATUS TYPE VALUE S			RUG TEST(S YPE RESUL	T SELECT UP TO 4			
. 4	l		BY	1	=	THER DRUG	RIJUANA	1 1	1 1		1	1			
UNIT #	NAME: LAST, F	IRST MIDDLE			Пο	THER DRUG				DATE OF BIRTH		AGE	GENDER		
0 2		LD, TREVOR MATTH	FW/						0 9 /	1 6 / 1	9 9 .6	2 6	GENDER		
	: STREET, CITY, STA	·								HONE - INCLUDE AREA					
		RION, OH 43302								INGEODE ANEX					
INJURIES		EMS AGENCY (NAME)		INJURED -	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	IN AIR BAG USAGE EJECTION TRAPPED				
20 20 5	TAKEN BY							USED O 1	DOT-COMPLIANT 1 5						
	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL OFFENSE DESCRIP				CITATIO	CITATION NUMBER			
OL STATE OL OL CLASS				311.0	1(d)		CODE	Plc Obtrc St	rt		004507000013808				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			R ALCOHOL / DRUG SUSPECTED			CONDITION				DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
	SELECT UP TO 2		BY	RACTED ALCOHOL MARI		RIJUANA			VALUE		1	I SELECT UP TO 4			
6					0	THER DRUG			1 1		1	<u> </u>	الالالا		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE									CODE					
	T			T				T			1 1				
ADDRESS:	INJURED E TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	(NAME, CITY)	USED	DOT-COM		ON AIR BAG US	SAGE EJECTION	TRAPPED		
		OPERATOR LICENSE NUMBER OFFENSE CHAI			SE CHAE	RGED LOCAL OFFENSE DESC				CITATIO	N NUMBER				
OL STATE						CODE				02111110					
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALC	LCOHOL / DRUG SUSPECTED CONDITION			HOL TEST		DRUG TEST(S)				
	SELECT UP TO 2 DIS		DIST BY	RACTED ALCOHOL MARIJUANA		RIJUANA		STATUS TYF	PE VALUE	STATUS T	YPE RESUL	T SELECT UP TO 4			
					0	THER DRUG									
INJU 1 - FATAL	JRIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1-CLASS A	\$	OL RESTRIC 1-ALCOHOL INTER		1-NOT DISTRACTED		TEST STA - NONE GIVEN	TUS		
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERATIN		- TEST REFUSED			
3 - SUSPECTED	MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOY	ED SIDE 3 - CLASS C				3 - CORRECTIVE LE	ENSES ELECTRONIC COMMUNI DEVICE (TEXTING, TYP		NICATION 3.	ATION 3-TEST GIVEN, CONTAMINATED			
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		ED BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = D)				4 - FARM WAIVER	DIALING)	4-TEST GIVEN RESULTS KNOWN					
5 - NU APPAREN	(MOTORCYCLE PASSENGER) 9-DEPLO			CIUADLE D-EAUI					5 - EXCEPT CLASS A BUS 3 - TALKING ON 6 - EXCEPT CLASS A COMMUNICA						
	INJURED TAKEN BY 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE					6 - NO VALID OL & CLASS B BUS				4 - TALKING ON HAND-HE COMMUNICATION DEV		LD			
	/TREATED AT SCENE 7-THIRD - LEFT SIDE				7 - EXCEPT TRACT JECTION OL ENDORSEMENT 8 - INTERMEDIATE					5 - OTHER ACTIVITY WIT	HΔN	ALCOHOL TEST TYPE			
2 - EMS	0 TUIDD MIDDLE			CTED H - HAZMAT			RESTRICTIONS		ELECTRONIC DEVICE 6 - PASSENGER		1 - NONE 2 - BLOOD				
	3-PULICE 2-PARTIA			LLY EJECTED M - MOTORCYCLE Y EJECTED P - PASSENGER			9 - LEARNER'S PERMIT RESTRICTIONS		7 - OTHER DISTRACTION		3 - URINE				
	10 - SLEEPER SECTION 4 - NOT AS			PLICABLE N-TANKER 10-			10 - LIMITED TO DAYLIGHT ONLY		INSIDE THE VEHICLE		4 - BREATH				
	SAFETY EQUIPMENT 1 - NONE USED OF TRUCK CAB 11 - PASSENGER IN OTHER TR				A D D E D			11 - LIMITED TO EMI 12 - LIMITED - OTHE	THE VEHICLE		OUISIDE 5				
	2 - SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOT TRAPPE				PED S - SCHOOL BUS 13 - MECHANIC			13 - MECHANICAL DI	AL DEVICES 9 - OTHER / UNKNOWN		1	DRUG TEST TYPE 1-NONE			
	MECHA		2 - EXTRICA	3 - 300000 003			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		2 - BLOOD				
	5 - CHILD RESTRAINT SYSTEM - CARGO AREA 3 - FRE		3 - FREED B	BY X - TANKER / HAZMAT			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL		3 - URINE				
FORWARD FA	FORWARD FACING 13 - TRAILING UNIT NUN-M		NON-ME	HANICAL MEANS			15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER				
	- CHILD RESTRAINT SYSTEM _ 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)							AIR BRAKES 16 - OUTSIDE MIRROR		ANGRY, DISTURBED)		DRUG TEST RESULT(S)			
	7 - BOOSTER SEAT 15 - NON-MOTORIST							17 - PROSTHETIC AID		4 - ILLNESS 5 - FELL ASLEEP, FAINTED,		1 - AMPHETAMINES 2 - BARBITURATES			
	- HELMET USED 99 - OTHER / UNKNOWN							18 - OTHER		FATIGUED, ETC.		3 - BENZODIAZEPINES			
	- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)								6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS			
	REFLECTIVE CLOTHING LIGHTING – PEDESTRIAN								/ALCOHOL 9- OTHER / UNKNOWN			5 - COCAINE 6 - OPIATES / OPIOIDS			
/ BICYCLE OF									9- OTHER/UNKNOWN			6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTHER / UNK	99 - OTHER / UNKNOWN											- NEGATIVE RESU	LTS		

Ū	OHIO DEPARTMENT OF PUBLIC SAFETING OCCUPANT / WITNESS ADDENDUM						2023		ORT NUMBER	4 2	9			
	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER						
ΔNT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN														
ö	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
7	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
9	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
		TAKEN BY					USED	MC HELMET						
Ī	UNIT#	NAME: LAS	T, FIRST, MIDDLE				•	DATE OF BIRTH AGE GENDE						
PAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN		I							<u> </u>		<u> </u>			
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
8	UNIT #		T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER		
		NAME: LAS	I, FIRSI, MIDDLE					DATE OF BIRTH AGE GENDER						
ANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN									1 1	1 1		1 1		
ō	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BY						MC HELMET		LL				
			IRIES		Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
	2 - SUSPECTED SERIOUS INJURY			OCCUPANT (MOTORCYCLE DRINGER BELT ONLY USED 2 - FRONT – MIDDLE										
							_	3 - DEPLOYED SIDE						
4 - POSSIBLE INJURY 3 - LAP BELT ONL			4 - SECOND – LEFT SID				YED BOTH							
5 - NU APPARENT INJURY			ER & LAP BELT USED ESTRAINT SYSTEM –	SENGER)	FRONT									
	2 3			D FACING	5 - NOT APPLICABLE DE 9 - DEPLOYMENT UNKNOWN									
	1 - NOT TRANSPORTED 6 - CHILD RI /TREATED AT SCENE REAR FA			ESTRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE								
	2 - EMS 7 - BOOSTER					D – MIDDLE	37 1117	ECTED	UN					
3 - POLICE 8 - HELMET			USED		D – RIGHT SIDE PER SECTION (LLY EJECTED						
				TIVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTH	ER ENCLOSED	Y EJECTED						
			TIVE CLOTHING		O AREA (NON-TI PICK-UP WITH CA		4 - NOT AP	NOT APPLICABLE						
	11 - LIGHTING – PEDES						ENGER IN UNE	NCLOSED		TRAPP	ED			
	/ BICYCLE ONLY 13 - TRAILING UNIT 99 - OTHER / UNKNOWN 14 - RIPHER ONLYFUL						1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL							
	99 - UINER /			UNKNOWN	14 - RIDING ON VEHICLE (NON-TRAILING UNIT)			MEANS		LOHANI	OAL			
						15 - NON-	MOTORIST ER/UNKNOWN		3 - FREED MEANS	BY NON-ME	CHANIC	AL		
_	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS		, CYNTH						0 6 / 2			6 5	F		
ΜĬ		STREET, CITY,	STATE, ZIP /ARK, OH 43055					CONTACT PHONE	- INCLUDE AREA CO	DE				
5	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
ESS														
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
SS	NAME: LAS	ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
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