OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MAIN LOCAL INFORMATION	NDATORY FIELD FOR SUPPLEME	NT REPORT	2023-	OCAL REPORT NUMBER	[°] 475			
PHOTOS TAKEN 0H-2 10H-3 OH-3 OH-1P OTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR								
SECONDARY CRASH PRIVATE PROPERTY	NCIC*	1 - SOLVED 0 2 98 - ANIMAL 2 99 - UNKNOWN							
COUNTY* LOCALITY* 1 - CITY 4 5 1 2 - VILLAGE HFATH		CRASH DATE / TIME * CRASH SEVERITY							
3-TOWNSHIP	08222023 1346 5 2 - SERIOUS INJURY SUSPECTED								
2 - SOUTH	4 0 0 1 9 0 0 6 3-MINOR INJURY								
	ROAD TYPE								
2 - SOUTH 3 - EAST	REFERENCE ROAD NAME (ROAD, NING WICK	meer oo i, noose wy	D R	-82,450381 5-PROPERTY DAMAGE					
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE		INTERSECTION RELATED					
2 MILE DOST 2 COUTU			D - ROAD Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
3- HOUSE # 3- EAST	I EDERAL OS ROOTE		T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
	DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL TE - TERRACE								
1-MILES TR- 7	NUMBERED TOWNSHIP DR -	DRIVE PI - PIKE W	'A - WAY	ROADWAY DIVIDED					
3-YARDS		HEIGHTS PL - PLACE							
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER	1 - NOT C	IER OF CRASH COLLISION/IMPAC COLLISION 4-REAR-TO-REAR	21	DIRECTION OF TRAVEL MEDIAN TYPE 1 - NORTH 1 - DIVIDED FLUSH MEDIAN					
and the second s		VEEN 5-BACKING MOTOR 6-ANGLE) LUSH MEDIAN					
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS		SPORT 7 - SIDESWIPE, SAME		3 - EAST (2 - DIVIDED FLOSH MEDIAN (24 FEET) 4 - WEST 3 - DIVIDED, DEPRESSED MEDIA					
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEAD	*			AISED MEDIAN				
7 - ON RAMP 14 - TULL BOUT 8 - OFF RAMP 99 - OTHER / UN				(ANY TYPE) 9 - 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 W WARNING SIGN	VORK ZONE	1	1	_2			
3-	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNIN 3 - TRANSITION AREA	ACCESSION OF	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
4-	INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE					
ATTENDA TO A VICTOR OF THE PROPERTY OF THE PRO	OTHER	5 - TERMINATION ARE	.А	4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOI					
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	R 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE			
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	O1 2-CLOUDY	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	1			5 - DIRT			
4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FREEZI	RAIN OR FREEZING DRIZZLE 7 - SLUSH 9 -			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 1 was traveling north or						direction with an "N" on the compass diagram.			
Unit 2 was traveling north o				ScenePD ™ - Evaluation Edition		Compass diagram.			
Unit 2 attempted to change			Evaluation ation Edition	Evaluation Edition					
making the lane change, Uni of Unit 1.	t 2 struck the right	side - Evaluation Edition	(z	Evaluation I	Evaluation Edition				
or office 1.		Not Evaluation Edition	To Scale ation ation. Edition	Edition					
			Enterto	Evaluation Edition	Evilation Evaluation Edition				
	-	Evaluation Edition	Evaluation ation Edition		Evaluation Edition	-			
		_	Evaluation ation Edition	Evaluation Edition	dition Evaluation Edition	· -			
		Evaluation Edition		' / / _ /	Evaluation Edition	1			
		Evalua	Evaluation ation Edition	Edition Evaluation Edition	5				
		Evaluation Edition	/	/ Examplion I	Evaluation Edition Edition				
		Evaluation Edition	Evaluation ation Edition	Edition Edition					
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	DATE/TIME RE	PORT TAKEN BY			
Sought State of State of Supplementary and State of State	22023 1356		3 5 6 0	8222023		POLICE AGENCY			
TOTAL TIME OTHER TOTA	L OFFICER'S NAME*	Сн	ECKED BY OFFI	CER'S NAME*		MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUT	1 eterson		nart	y OFFICER'S BADGE N		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
	O 7 -		D 7	- 1	3 8	Control Control of the Annual Control of the Contro			

53 - TUNNEL

54 - OTHER FIXED OBJECT

99 - OTHER / LINKNOWN

POSTED SPEED

3

27 - BRIDGE PIER OR ABIITMENT

■ FIRST HARMFUL EVENT

35 - MEDIAN CONCRETE

1

36 - MEDIAN OTHER BARRIER

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

1 29 - BRIDGE RAIL

40 - UTILITY POLE

41 - OTHER POST, POLE

OR SUPPORT

■ MOST HARMFUL EVENT

47 - MAILBOX

49 - FIRE HYDRANT

48 - TREE

☐ 2 - CALCULATED / EDR

3 - UNDETERMINED

OHIO DE	ONIO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 0 9 4 7 5								
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GEND								
01	MARTIN,				1 1 / 0 1 / 2 0 0			1 9	F						
ADDRESS:	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS: NOTE: The second of	ELLA DR H	LLA DR HEBRON, OH 43025													
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	ПОТ-С ом	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
5	BY							0 4	☐MC HEL		11	_1	_1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	N NUMBER			
O H															
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		OHOL / DRUG SUSPE		CONDITION	STATUS TY	DHOLTEST PE VALUE		RUG TEST(S YPE RESUL	T SELECT UP TO 4		
. 4	ļ		BY	1		LCOHOL MAF THER DRUG	RIJUANA	1	1 1		1 .	L			
UNIT #	NAME: LAST, F	FIRST, MIDDLE			υ°	THER BROW				DATE OF BIRTH		AGE	GENDER		
0 2		Z, VLADIMIR							0 6 /	1 7 / 1	9 .7 .5	4 8	М		
	: STREET, CITY, ST	·								PHONE - INCLUDE AREA O					
ADDRESS: 0 640 BR INJURIES 5	AE BURN F	RD MANSFIELD, OH	44907												
o ₹ INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	207.0	SEATING POSITIO	AIR BAG USAGE EJECTION TRAPPED				
2 2 5	TAKEN BY							USED 0 4	DOT-COM		1	1 1 1			
	OPERATOR L	ICENSE NUMBER		OFFEN	FFENSE CHARGED LOCAL			OFFENSE DESC	SE DESCRIPTION			CITATION NUMBER			
OL STATE O H				331.0	18		CODE	331.08			145082223002				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted	/ER ALCOHOL / DRUG SUSPECTED			CONDITION	ALC(DHOLTEST PE VALUE	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
4	3ELEGI 0F 102		BY	_			RIJUANA	1		VALUE	1		1 322201 07 10 4		
				1	0	THER DRUG			1 1		_ ا	<u> </u>	<u> </u>		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
ADDDESS	OTREET OFFWAT	ATE 7/2													
SI ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED	EMS AGENCY (NAME)		Тишьев	TAKENTO	: MEDICAL FACILITY	ALLES OF THE	CAFETY FAIITDMENT		SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
ADDRESS:	TAKEN BY	EMS AGENCT (NAME)		INJUKED	TAKENTO	. WEDICAL PACILITY	(NAME, CITY)	USED	DOT-COM	IPLIANT	AIR BAG US	AGE EJECTION	IRAPPED		
	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED LOCAL OFFENSE DESC		CRIPTION C		CITATIO	ITATION NUMBER				
OL STATE							CODE								
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALC	ALCOHOL / DRUG SUSPECTED CONDIT		CONDITION	ONDITION ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S)				
	SELECT UP TO 2		BY	TRACTED	│□ △	LCOHOL MAF	RIJUANA		STATUS	YALUE	STATUS T	YPE RESUL	T SELECT UP TO 4		
					0.	THER DRUG									
1 - FATAL	JRIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1 - CLASS A	S	OL RESTRIC 1-ALCOHOL INTER		1-NOT DISTRACTED		TEST STA	ATUS		
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERATIN	GAN 2-	TEST REFUSED			
3 - SUSPECTED 4 - POSSIBLE IN	MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE				3 - CORRECTIVE LE 4 - FARM WAIVER	DEVICE (TEXTING, TY	TEXTING, TYPING, SAMPLE / LINUSABLE						
5 - NO APPAREN		4 - SECOND - LEFT SIDE	5 - NOT APP	PLICABLE (OHIO = D)				5 - EXCEPT CLASS A BUS 3 - TALKING ON			NDS-FREE 4 - TEST GIVEN, RESULTS KNOWN				
INIIIPED	(MOTORCYCLE PASSENGER)			MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLASS 6 - NO VALID OL & CLASS B BUS				A	COMMUNICATION DEV	UNKNOWN					
1 - NOT TRANSP	1 - NOTTRANSPORTED 6 - SECOND - RIGHT SIDE					7 - EXCEPT TRACTO				4 - TALKING ON HAND-HE COMMUNICATION DEV	TCF	ALCOHOL TEST TYPE			
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	IECTION CTED		OL ENDORSEM H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	I AN	NONE			
3 - POLICE	3 - POLICE 8 - THIRD - MIDDLE 2 - PARTIA						9 - LEARNER'S PERMIT 6 - P		6 - PASSENGER		2 - BLOOD 3 - URINE				
9 - OTHER / UNK	10 CLEEPED SECTION			Y EJECTED P - PASSENGER			RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREATH				
SAFETY E	SAFETY EQUIPMENT OF TRUCK CAB			LICADLE N-TANKER				LIMITED TO EMPLOYMENT 8 - OTHER DISTRACTION THE VEHICLE							
1 - NONE USED	ENGLOSED CARGO AREA				R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTHE			ER 9 - OTHER / LINKNOWN			DRUG TEST TYPE				
	2 - SHOULDER BELL ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRE 3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRIC,			TED BY T - DOUBLE & TRIPLETRALLERS			13 - MECHANICAL D (SPECIAL BRAK	ES, HAND	CONDITION		1 - NONE 2 - BLOOD				
	CARGO AREA		MECHAN 3 - FREED B	VICAL MEANS X - TANKER / HAZMAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - APPARENTLY NORMAL		2 - BLOOD 3 - URINE				
	FORWARD FACING 13 - TRAILING UNIT NON-M			Y CHANICAL MEANS			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT		4 - OTHER				
	CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR						AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		DRUG TEST RESULT(S)				
	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST								16 - OUTSIDE MIRROR 4 - ILLNESS 17 - PROSTHETIC AID 5 - FELL ASI FEP FA		1-AMPHETAMINES				
	8 - HELMET USED 99 - OTHER / UNKNOWN							18 - OTHER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES 3 - BENZODIAZEPINES			
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					10 VIIIEN				6- UNDER THE INFLUENCE OF MEDICATIONS / DRU	E ,	4 CANNARINOIDS			
	REFLECTIVE CLOTHING									5 -	5 - COCAINE 6 - OPIATES / OPIOIDS				
	LIGHTING – PEDESTRIAN / BICYCLE ONLY									9- OTHER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTHER / UNK	99 - OTHER / UNKNOWN											NEGATIVE RESU	LTS		

Ũ	OCCUPANT / WITNESS ADDENDUM MITTY SERVICE: PROFESSIONS OCCUPANT / WITNESS ADDENDUM						2023		ORT NUMBER	4 7	5				
	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
LN	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN															
8	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: AS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
9	INJURIES	INJURED	EMC Acrusy (NAME)		IN HIDER TAKEN TO MERVAN FARY	TV (NAME OFFW)	SAFETY EQUIPMENT		SEATING POSITION	AID DAC HEACE	FIECTION	TDADDED			
	INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	L					
	UNIT#	IT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE						
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
500	INJURIES	INJURED	EMC Assure (NAME)						SEATING POSITION	L AID DAG HEAGE	LEIECTION	TDADDED			
	INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING PUSITION	AIR BAG USAGE	EJECTION	TRAPPED				
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
	1 1														
ANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN															
٥	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		BY			(FALLEN LIA LA	1	05.45710.000	L MC HELMET							
	1 - FATA		JRIES	1 - NONE US	Y EQUIPMENT USED		SEATING POS IT – LEFT SIDE	TITUN	1 - NOT DE	AIR BAG U	SAGE				
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 2 - SHOULDI			OCCUPANT (MOTORCYCLE DR			ER)		YED FRONT						
					ER BELT ONLY USED 2 - FRONT - MIDDLI 3 - FRONT - RIGHT			Ξ.	3 - DEPLOYED SIDE						
4 - POSSIBLE INJURY 3 - LAP BELT ONL				4 - SECOND - LEFT			E	4 - DEPLOYED BOTH FRONT/SIDE							
5 - NO APPARENT INJURY				ESTRAINT SYSTEM –		ORCYCLE PASS ND – MIDDLE	DENGER)	PLICABLE							
	INJURED TAKEN BY FORWAR				D FACING	DE 9 - DEPLOYMENT UNKNOWN									
1 - NOT TRANSPORTED 6 - CHILD RE /TREATED AT SCENE REAR FA				ESTRAINT SYSTEM – CING	CAR)		EJECTI	0 N							
2 - EMS 7 - B00STEF			RSEAT		ECTED	ECTED									
3 - POLICE 8 - HELMET					F TRUCK CAB	LLY EJECT	LLY EJECTED								
			TIVE PADS USED KNEES, ETC.)			HER ENCLOSED 3 - TOTALLY EJECTED FRAILING UNIT, 4 - NOT APPLICABLE									
10 - REFLECTIV				TIVE CLOTHING	BUS, F	PICK-UP WITH CA	P)	4 - NOT AP							
	11 - LIGHTING – PEDESTRIAN 12 - PASSENGER IN UN CARGO AREA							ENCLOSED TRAPPED 1 - NOT TRAPPED							
	/ BICYCLE ONLY 13 - TRAILING UNIT 99 - OTHER / UNKNOWN 14 - PINNIC ON VEHICLE							2 - EXTRICATED BY MECHANICAL							
						NG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS							
							MOTORIST ER/UNKNOWN		3 - FREED MEANS	BY NON-ME	.CHANIC	AL			
S		ST, FIRST, MIDD							E OF BIRTH		AGE	GENDER			
WITNESS			RISTINE ANN					1 2 / 0			4 4	F			
ΙM		: STREET, CITY,	STATE, ZIP RY LN HEBRON, OH	1 43025				CONTACT PHONE		DE DE					
۲	NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER				
JACKSON, CATHERINE K ADDRESS: STREET, CITY, STATE, ZIP 110 BUCKEYE ST HEBRON, OH 43025							CONTACT PHONE - INCLUDE AREA CODE								
110 BUCKEYE ST HEBRON, OH 43025							CONTACT PHONE - INCLUDE AREA CODE								
SS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
≶		,,,,,,	•						I 1						
_	_					_	_	_		_					