OF PUBLIC SAFETY BAFETY - SERVICE - PROTECTION			REPORT LOCAL INFOR		MANDATORY FIE	LDFOR	SUPPLE	MENT RE	PORT	2	0 2	3 -	OCAL RE		0 9	639		
SECONDARY CRASH  OH-2  OH-3  OH-3  OH-3  OH-1P  OH-1P  OTHER  PRIVATE PROPERTY  Heath PD  OH-3  OH-2  OH-3  REPORTING AGENCY NAME*  NCIC*  O4 5 0 7									HIT/SKIP   NUMBER OF UNITS   UNIT IN ERROR   1 - SOLVED   0 2   0 1 98 - ANIMAL   99 - UNKNOWN									
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*  4 5 1 2 - VILLAGE 3 - TOWNSHIP  HEATH										CRASH DATE / TIME * CRASH SEVERITY  0.8262023, 1211, 5 1- FATAL 2 - SERIOUS INJURY								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST								ROAD	TYPE	40 03 0 1 6 6 3-MINOR IN					SUSPECTED MINOR INJURY SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4 - WE								ROAD	TYPE	LONGITUDE DECIMAL DEGREES 4 - INJURY POSSIBI  -82,440,160 5 - PROPERTY DAM ONLY						- 1		
REFERENCE POINT  1 - INTERSECTION  3 2 - MILE POST  3 3 - HOUSE #  3 3 - EAST  4 - WEST  1 - INTERSTATE ROUTE(TP)  AV - AVENUE  BL BOULEVARD  BL BOULEVARD							TYPE HWAY NE LEPOST	RD - ROAI SQ - SQU ST - STRI	ARE		WITHI	N INTE	INTERSE RSECTIO	CTION F N or ON	RELATED APPROAC	EH	CHES	
DISTANCE FROM REFERENCE UNIT OF MEASURE 1 - MILES 2 2 - FEET 3 - YARDS SR - STATE ROUTE CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS							AL RKWAY E ACE	ROADWAY  ROADWAY										
LOCATION OF FIRST HARMFUL EVENT  1 - ON ROADWAY 9 - CROSSOVER 1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING 4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS 2 - REAR-END							H COLLISION/IMPACT 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN					DIRECTION OF TRAVEL  1 - NORTH  2 - SOUTH  3 - EAST  4 - WEST			MEDIAN TYPE  1 - DIVIDED FLUSH MEDIAN ( <4 FEET )  2 - DIVIDED FLUSH MEDIAN ( ≥4 FEET )  3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN			
1 - LANE CLOSURE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 4							N OF CRASH IN WORK ZONE BEFORE THE 1ST WORK ZONE WARNING SIGN - ADVANCE WARNING AREA - TRANSITION AREA - ACTIVITY AREA - TERMINATION AREA				CONTOUR  1 - STRAIGHT LEVEL 1 2 - STRAIGHT GRADE 2 3 - CURVE LEVEL 3 4 - CURVE GRADE 4			<b>1</b>	NS	SURFACE  2  1 - CONCRETE 2 - BLACKTOP, BITUMINOL ASPHALT 3 - BRICK/BLOC	JS,	
3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 3 - FOG, SMOG, SMOKE 8 - BLOWIN 4 - RAIN 9 - FREEZI							CROSSWINDS G SAND, SOIL, DIRT, SNOW NG RAIN OR FREEZING DRIZZLE / UNKNOWN				7			5 - SAND, MUD, DIRT, OIL, GRAVEL 5 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		4 - SLAG, GRAV STONE 5 - DIRT 9 - OTHER/UNK	EL,	
Unit 2 was s	and lane	. Unit 1	was trav	eling nort	h on		ļ			Scene	:PD ™ - Evalus	ation Edition				Indicate the direction wit an "N" on th compass dia	th e	
SR 79 in the rear ended		ia iane.	Unit 1 go	ot aistract	ea ana	Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition							-					
						SR Substation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition								_				
								Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition								-		
								Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition										
								Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition							-			
CRASH REPORTE	D DATE / TIME		DISPATCH DA	re/time	ARI		ATE / TIM	valuation Edition	_valuateor	Tr	ancite (877) 90	08-4777	Ot TO S		RE	PORT TAKEN E	BY	
0 8 2 6 2 0 2			26202	3 1214	1000000			1 2 2 2 CHECKED BY		8 2	6 2			3 1 2	X	POLICE AGENC MOTORIST		
ROADWAY CLOSED INVESTIGATION TIME MINUTES RISCH  OFFICER'S BADGE NUMBER							3					BADGE N	NUMBER	*		SUPPLEMENT (CORRECTION OR AD TO AN EXISTING REPORT SEN	DITION T TO ODPS)	
															_1			

OHIO DEI OF PUBLI SAFETY - SERV	PARTMENT IC SAFETY ICE - PROTECTION	OTORIST / No	N-M	Іото	RIS	Т			2 0	2	3 - 0 0			6 3	9
UNIT #	NAME: LAST, I	FIRST, MIDDLE									ATE OF BIRTH			AGE	GENDER
01	KAY, TAH	HNEE DANIELLE							0 8	/ 2	2 5 / 1	9 8 8	33	5 5	F
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE	_		_
427 SUI	NKEL AVE	ZANESVILLE, OH 437	701												
Z	TAKEN	EMS AGENCY (NAME)		INJUREDT	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED		-Compli	1	1	USAGE	EJECTION	
5								0 4		HELME	T 0 1	1	1 1 1 1 I		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	RGED	CODE	OFFENSE DESC	RIPTION	l		CITAT	TON NO	JMBER	
O H OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRI	VER	AL C	DHOL / DRUG SUSP	ECTED	CONDITION		ALCOH	DL TEST		DRUG	TEST(S	)
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED	_	LCOHOL MAI		CONDITION	STATUS		VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4
4				1	0	THER DRUG		1	1	1	•	1	1		
UNIT #	NAME: LAST, I	FIRST, MIDDLE									ATE OF BIRTH			AGE	GENDER
0 2		TASHA ANN							1 0	/ 2	2 5 / 1	9 9 2	2_ _3	3 0	F
	: STREET, CITY, ST								CONTA	CT PHO	NE - INCLUDE AREA	CODE	_		
<u> </u>		NASHPORT, OH 4383 EMS AGENCY (NAME)	<b>50</b>	LINIUDED	FALCENITO	: MEDICAL FACILITY		CAFETY FOUIDMENT			CEATING DOCITI	ON AND DAG	ШСАОБ	EJECTION	TRADDED
INJURIES	TAKEN BY	EWS AGENCY (NAME)		INJURED	IAKEN IU	: WEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 4		T-COMPLIA		I AIR BAG	USAGE	EJECTION 1	TRAPPED 1
OL STATE		ICENSE NUMBER		OFFENS	SE CHAI	GED LOCA		OFFENSE DESC				4	CITATION NUMBER		
ОН							CODE		<b>2.1.1</b>			VIIII NOMBEM			
OL CLASS		RESTRICTION SELECT		RIVER ALCOHOL / DRUG SUSPECTED			ECTED	CONDITION	STATUS	<b>DL TEST</b> VALUE	STATUS	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
4	SELECT UP TO 2		BY	TRACTED	=		RIJUANA	1			VALUE	1	1	RESULI	SELECT UP TO 4
4	LULUI LUI	<u>                                     </u>		1	<u></u> □ °	THER DRUG			1	1	• LLLL	ســــــــــــــــــــــــــــــــــــــ	<u> </u>		Lacusco
UNIT #	NAME: LAST, I	FIRST, MIDDLE									OATE OF BIRTH			AGE	GENDER
ADDRESS:	STREET, CITY, ST	TATE ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE	L		
TORIE		··· =, =-·							J		TE - INCEGRE AREA	CODE			
ADDRESS:		EMS AGENCY (NAME)		INJUREDT	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)			Г-Сомры	SEATING POSITI	ON AIR BAG	USAGE	EJECTION	TRAPPED
NON	TAKEN BY							USED	Шмс	HELME	T	_			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	I		CITAT	ION NU	JMBER	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI LCOHOL   MAI	ECTED RIJUANA	CONDITION	STATUS		VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4
					=	THER DRUG					•		ı		11 11 1
	JRIES	SEATING POSITION		IR BAG		OL CLAS	S	OL RESTRIC		CONTRACTOR DESCRIPTION	RIVER DISTRAC			EST STA	TUS
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			NOT DISTRACTED MANUALLY OPERATI		1 - NONE 2 - TEST	E GIVEN REFUSED	
3 - SUSPECTED	MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOY	ED SIDE		3 - CLASS C		3 - CORRECTIVE LE			ELECTRONIC COMMU	INICATION	3-TEST	GIVEN, CON	TAMINATED
4 - POSSIBLE IN 5 - NO APPAREN		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE	4 - DEPLOYE 5 - NOT APP	ED BOTH FRO LICABLE	NT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A RUS	2	DIALING) TALKING ON HANDS-			PLE / UNUS <i>A</i> GIVEN, RES	ULTS KNOWN
		(MOTORCYCLE PASSENGER)  5 - SECOND – MIDDLE		MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS	Α		COMMUNICATION DE	VICE		GIVEN, RES	ULTS
1 - NOT TRANSP		6 - SECOND - RIGHT SIDE						& CLASS B BUS 7 - EXCEPT TRACTO			TALKING ON HAND-H COMMUNICATION DE			HOL TES	ST TYPE
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	CTED CTED		OL ENDORSE	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 -	OTHER ACTIVITY WIT		1 - NONE		
3 - POLICE		8 - THIRD - MIDDLE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	TIMS		PASSENGER		2 - BL00 3 - URIN		
9 - OTHER / UNK	KNOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	/LIGHT ONL		OTHER DISTRACTION INSIDE THE VEHICLE		4-BREA		
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EM		8 -	OTHER DISTRACTION THE VEHICLE	OUTSIDE	5 - OTHE	ER	
1 - NONE USED 2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	PPED		R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D		9-	OTHER / UNKNOWN			UG TEST	TYPE
3 - LAP BELT ON		PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRICA	TED BY		T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR C			CONDITION		1 - NONE 2 - BLOO		
	& LAP BELT USED RAINT SYSTEM –	CARGO AREA	3 - FREED B	·Υ		X - TANKER / HAZMAT		ADAPTIVE DEVI			1 - APPARENTLY NORMAL		3 - URIN		
FORWARD FA		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	CHANICAL MEANS				15 - MOTOR VEHICLE		3 -	2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHE			
REAR FACIN	G	(NON-TRAILING UNIT)  15 - NON-MOTORIST						AIR BRAKES 16 - OUTSIDE MIRRO	)R		ANGRY, DISTURBED) ILLNESS		DRUG TEST RESULT(S)  1-AMPHETAMINES		
7 - BOOSTER SE 8 - HELMET US		99 - OTHER / UNKNOWN						17 - PROSTHETIC AI	D		FELL ASLEEP, FAINTE FATIGUED, ETC.		2 - BARE	BITURATES	
9 - PROTECTIVE (ELBOW, KNI	E PADS USED							18 - OTHER		6-	UNDER THE INFLUEN			ZODIAZEPIN NABINOIDS	ES
10 - REFLECTIVE											OF MEDICATIONS / DF / ALCOHOL	1065	5 - COCA	INE	
11 - LIGHTING - I										9-	OTHER / UNKNOWN		6 - OPIA 7 - OTHE	TES / OPIOIC ER	)\$
99 - OTHER / UNK														ATIVE RESU	LTS

Q	OHIO DEPARTMENT OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM								2 0 2 3 - 0 0 0 0 9 6 3 9						
	UNIT #	NAME: LAS	T, FIRST, MIDDLE		DATE OF BIRTH AGE GENDER										
	01	Kay, As	her		0 5 / 2 1 / 2 0 1 9 4 M										
Į	ADDRESS:	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
OCCUPAN	427 Su	nkel AVE	Zanesville, OH 43												
8	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED											
	5	BY		MC HELMET	_1										
ľ	UNIT #	NAME: LAS	T, FIRST, MIDDLE		DATE	AGE	GENDER								
	01	Kay, Ele	eanora		0 5 / 2 4	4 / 2 0	1 6	7	_F						
PAN	ADDRESS:	: STREET, CITY,	STATE, ZIP	CONTACT PHONE	- INCLUDE AREA CO	DE									
OCCUPAN			Zanesville, OH 43		1 1	<u> </u>		TRAPPED							
٥	INJURIES	INJURED EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILIT	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION							
5	_5	BY				0 5	☐ MC HELMET	0 6	1	1	_1				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE	OF BIRTH		AGE	GENDER			
OCCUPAN	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				CEATING DOCITION	EATING POSITION AIR BAG USAGE EJEC					
	INJUNIES	TAKEN BY	ENS AGENCY (NAIME)		INJURED TAKEN TO. WEDICAL PACILIT	IT (NAME, CITY)	USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	IKAPPED			
٥	UNIT #	NAME. LAS	T, FIRST, MIDDLE						OF BIRTH		AGE	GENDER			
	ONII #	NAME: LAS	I, FIRSI, WILDULE					DAIL	OF BIKIN		AUL	GENDER			
Į.	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN															
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	— DOT Course	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
	1 1	TAKEN BY				USED	DOT-COMPLIANT MC HELMET	1 1 1		ļ. ,					
Ī		INJU	RIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA	AL		1 - NONE US			T - LEFT SIDE	1 - NOT DEPLOYED							
	4 - POSSIBLE INJURY 3 - LAP BELT			ER BELT ONLY USED		ORCYCLE DRIV IT – MIDDLE	EK)	2 - DEPLOYED FRONT							
						T – RIGHT SIDE		3 - DEPLOYED SIDE							
				ER & LAP BELT USED		ND – LEFT SIDI ORCYCLE PASS		4 - DEPLO' FRONT/							
	5 - CHILD RE INJURED TAKEN BY FORWARD				STRAINT SYSTEM -	5 - SECO	ND – MIDDLE		5 - NOT AP						
					STRAINT SYSTEM –		ND – RIGHT SII D – LEFT SIDE	ÞΕ	9 - DEPLO						
		EATED AT S		REAR FA		(MOT	ORCYCLE SIDE	CAR)							
	2 - EMS 7 - B00STE 3 - POLICE 8 - HELMET			SEAT		D – MIDDLE D – RIGHT SIDE		1 - NOT EJ							
						PER SECTION (		2 - PARTIA							
	9 - OTHE	ER/UNKNO	)WN		TVE PADS USED KNEES, ETC.)		ENGER IN OTH		3 - TOTALL						
				10 - REFLECT	IVE CLOTHING	BUS, F	PICK-UP WITH CAI	·)	4 - NOT APPLICABLE						
					NG – PEDESTRIAN 12 - PASSENGER IN CARGO AREA			NCLOSED	TRAPPED  1 - NOT TRAPPED						
				/ BICYCLI		13 - TRAI	LING UNIT		2 - EXTRICATED BY MECHANICAL						
	99- UINEK/				OINITINO WIN		NG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS						
							MOTORIST		3 - FREED MEANS	CHANIC	AL				
						99 - OTHE	R / UNKNOWN								
SS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GEI						
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COL	<u> </u>					
×	2.,									 I I	1	1 1			
i	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ESS															
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
1										<u> </u>					
S	NAME: LAS	ST, FIRST, MIDD	LE					DATE OF BIRTH AGE GENDER							
WITNESS	ADDRFSS.	: STREET, CITY,	STATE 7IP					CONTACT PHONE - INCLUDE AREA CODE							
×	APPUESS:	. JINEE1, 611 Y,	orate, Air					OUTTOO I HORE - INCLUDE AKEA CODE							