OHIO DEPARTMENT TI	RAFFIC C	RASH F	REPORT	*DENOTES M	ANDATORY FII	LD FOR S	UPPLEM	ENT REPORT		LOCAL RE	PORT NUM	MBER*	
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION							2023	- 0 (0 0 1	. 0 5 !	5 9		
OH-1P OTHER REPORTING				PORTING AGENCY NAME* eath PD 0 4 5 0 7					HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 2 1-SOLVED 0 2 0 2 98-ANIMAL 1 1 1 1 1 1 1 1 1				
COUNTY* LOCALITY* 1 - CITY LOCATION: CITY, VILLAGE, TOWNSHIP*									CRASH DATE			CRASH SEV	9 - UNKNOWN ERITY
4 5 1 2-1 3-1			09192023, 2015, 5 1- FATA					JS INJURY					
POUTE TYPE I THE								ROAD TYPE		DECIMAL DEGR		SUSPE 3 - MINOR	
S R 7 9 3 - EAST L 4-WEST									<u> </u>	35		SUSPE	CTED
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH PREFIX 3 - EAST 4 - WEST Putnam					, MILEPOST, H	OUSE #)		ROAD TYPE	LONGITUDI				Y POSSIBLE RTY DAMAGE
	Ļ ₩ 4	- WEST	Putnam					R D	-82,43			ONLY	N. T. British
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE 1 - NOF	IR - I	ROUTE TYP INTERSTATE ROL		- ALLEY	ROAD T HW - HIGI		RD - ROAD	WITHIN IN	INTERSE TERSECTIO	CTION REI		
2 - MILE POST 3 - HOUSE #	2 - SOU 3 - EAS	T 03 - 1	FEDERAL US ROL	,,,	- AVENUE - BOULEVARD	LA - LAN MP - MIL		SQ - SQUARE ST - STREET		TERCHANGI		4	APPROACHES
DISTANCE	4 - WES	CR-I	STATE ROUTE NUMBERED COUN	NTY ROLLTE CR	- CIRCLE	OV - OVA		TE - TERRACE	WITHIN IN		DADWAY	NUMBERUF	APPRUAGHES
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PL - PIKE									DC DOADWAY		JADWAT		
	2 - FEE		ROUTE	HE	- HEIGHTS	PL - PLA	CE		ROADWAY	DIAIDED			
LOCATION 1 - ON ROADWA	N OF FIRST HARN	IFUL EVENT			INER OF CRASI			СТ	DIRECTION OF TRA	ACONSTRUCTION		EDIAN TYPE	IEBIAN
0 1 2-0N SHOULD	ER 10-	DRIVEWAY/A	ALLEY ACCESS	■ BE1	WEEN S MOTOR	- BACKIN		2 1-NORTH 4 1-DIVIDED FLUSH MEDIAN					
3 - IN MEDIAN 4 - ON ROADSIE	DE 12-	SHARED USI	RADE CROSSING E PATHS OR		HOLLS IN	s - ANGLE 7 - SIDESV	VIPE, SAM	E DIRECTION	3 - EAST 4 - WEST		(≥4	DED FLUSH N FEET)	
5 - ON GORE 6 - OUTSIDE TR	10	TRAILS BIKE LANE		2 - REA 3 - HEA		3 - SIDESV 9 - OTHER		OSITE DIRECTION	i i i i i i i i i i i i i i i i i i i			DED, DEPRES DED, RAISED	
7 - ON RAMP	14-	TOLL BOOTH OTHER/UNI										/TYPE) ER/UNKNOWN	
8 - OFF RAMP			WORK ZONE TY	DF.	LOCATIO	N OF CRA	SH IN W	ORK ZONE	CONTOUR	CO	NDITIONS		URFACE
WORK ZONE RELATIONS			ANE CLOSURE				THE 1ST	WORK ZONE	1		1		2
WORKERS PRESEN		, 3 - V	ANE SHIFT/CROS ORK ON SHOULD		1.5	ADVANC	E WARNII		1 - STRAIGHT LEVE	L 1-DRY		1 - 00	NCRETE
LAW ENFORCEMENT	NI PRESENT L		R MEDIAN NTERMITTENT o	R MOVING WORK		TRANSIT ACTIVIT		4				ACKTOP, FUMINOUS,	
ACTIVE SCHOOL ZO	ONE	5 - C	THER		5	TERMIN	ATION AR	EA	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOV 4 - ICE	V	AS	PHALT ICK/BLOCK
DOMMERO O BE	CONDITION			WEATH					9 - OTHER/UNKNOW		, MUD, DIR GRAVEL	T, 4 - SL.	AG, GRAVEL,
1 - DAYLIGHT 2 - DAWN/DUSK			1 - CL . 01 2 - CL		6 - SNOW 7 - SEVERE	CROSSW	NDS			6 - WATE	R (STANDI		ONE PT
3 - DARK – LIGH 4 - DARK – ROAI	HTED ROADWAY DWAY NOT LIGHT	ED		G, SMOG, SMOKI IN				, SNOW ING DRIZZLE		7 - SLUS		1 0 00 ar	HER/UNKNOWN
	NOWN ROADWAY			EET, HAIL	99 - OTHER		JNKNOWN 9 - OTHER/UNKNOWN						
NARRATIVE	CIVO VV IV									1 1		mA v	cate the north
Unit 2 was tra	aveling so	outh on	SR 79. U	Jnit 2								dire	ction with N" on the
attempted to	_				d				ScenePD ™ - Evaluation Edi	ion			pass diagram.
Unit 2's left f	ront tire o	letache	ed from th	ne vehicl	e. The			Evaluatio	Evaluation Edition				
tire rolled int	o Unit 1.					Evalua	Eva tion Edition	luation Edition		gr ^{aδ} Evaluati	Evaluati on Edition	ion Edition	-
						_	Eva	Evaluation Iuation Edition	Evaluation Edition	Right Edition			
						Evalua	tion Edition			Evaluati Edition	Evaluati on Edition	ion Edition	_
Entire of the Control													
							<		Evaluation Edition	Evaluati ition Edition	on Sdilfon	on Edition	
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition													
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						_	_	Evaluatio		tion Edition t To Scale	Lunion		-
						Evalua	Eva tion Edition	luation Edition	Trancite (877) 908-4777	p 4 4			
CRASH REPORTED I			ISPATCH DATE /			RIVAL DA		~	SCENE CLEARE				TAKEN BY E AGENCY
0,9,1,9,2,0,2,3			02023		0920	2 0 2			920202	3 1	028	MOTOF	
TOTAL TIME ROADWAY CLOSED INV	OTHER ESTIGATION TIME	TOTAL MINUTE						нескер ву OFFI mart	OFFICER'S NAME*				
				OFFICER'S BA			_		CORRECTION on ADDITION OF ADDI				TION OR ADDITION
	1 1	ــــــا	0	7 -	1 1	4	5	0 7	- 1	3	8		

OHIO DEPARTMENT
OF PUBLIC SAFETY
SAFETY - SERVICE - PROTECTION

OHIO DEI OF PUBLI SAFETY - SERVI	HODEPARTMENT PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0 2	2 3 - 0 (PORT NUM		9			
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDEI						
01	FISHER, MICHELE								0 7 / 1 2 / 1 9 6 4 5 9						
ADDRESS:	: STREET, CITY, STATE, ZIP								CONTACT	PHONE - INCLUDE AREA	CODE				
₽	OPEWELL NATIONAL RD ZANESVILLE, OH 43701 INJURED EMS AGENCY (NAME) INJURED TAKENTO: MEDICAL FACILITY (NAME CITY) SAFETY EQUIP							CAFETY FOUIDMENT		CEATING DOCIT	TON AVD DAG	U0405 EU50710	TO A DOUBLE		
INJURIES	INJURED TAKEN BY INJURED TAKEN				IAKEN IU	: WEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 9 9	DOT-COM		ION AIR BAG	USAGE EJECTIO	N TRAPPED		
OL STATE					OFFENSE CHARGED LOCAL OFFENSE DE				1			ION NUMBER			
OL STATE	of Errator Eldense nomber			CODE			OITENOL DESC				ION NOMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2				_	OHOL / DRUG SUSP		CONDITION	ALC STATUS TY	OHOL TEST PE VALUE	STATUS	DRUG TEST(S) LT select up to 4		
. 4	BY				=	LCOHOL MAI THER DRUG	RIJUANA	l	1 1		1	1			
UNIT #	NAME: LAST, FIRST, MIDDLE				Ц°	THER DROG				DATE OF BIRTH		AGE	GENDER		
0 2	UNKNOWN,														
ADDRESS:	STREET, CITY, ST							CONTACT PHONE - INCLUDE AREA CODE							
TOR.										1 1 1	1 1				
ADDRESS: ADDRESS: INJURIES OL STATE	TAKEN	EMS AGENCY (NAME)		USED				USED	DOT-COMPLIANT			BAG USAGE EJECTION TRAPPED			
5 STATE	BY	TOPNOE NUMBER		OFFEN	CE QUA	2052	1,0041	9 9	MC HELMET 0 1						
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPIION		CITATION NUMBER				
OL CLASS	S ENDORSEMENT RESTRICTION SELECT UP TO 3 DR				VER ALCOHOL / DRUG SUSPECTED			CONDITION	ALC	OHOL TEST	Lozazuo	DRUG TEST(
	SELECT UP TO 2				TRACTED ALCOHOL MARIJUANA				STATUS TY		STATUS	TYPE RESU	LT SELECT UP TO 4		
					1 OTHER DRUG				1 1		1	<u></u>	<u> </u>		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY, ST	ΔΤΕ. 71P							CONTACT	PHONE - INCLUDE AREA	CODE				
ADDRESS:		··· =, =-·							J. J	I I I I	I I	1 1			
INJURIES		EMS AGENCY (NAME)		INJURED '	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT-Con	SEATING POSIT	ION AIR BAG	USAGE EJECTIO	N TRAPPED		
	OL STATE OPERATOR LICENSE NUMBER				USED			USED	MC HEL						
OL STATE				OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION			ION NUMBER				
OL CLASS	ENDORSEMENT RESTRICTION SELECT UP TO 3 DF		DDT.	VER	ALCOHOL / DRUG SUSPECTED CONDI			CONDITION	ALC	ALCOHOL TEST		DRUG TEST(S)			
UL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED			RIJUANA	CONDITION	STATUS TY		STATUS		LT SELECT UP TO 4		
					□ 0 ⁻	THER DRUG									
INJU 1-FATAL	IRIES	SEATING POSITION 1-FRONT - LEFT SIDE	1 - NOT DEP	IR BAG		0L CLAS	S	OL RESTRIC 1-ALCOHOL INTER		DRIVER DISTRA 1 - NOT DISTRACTED		TEST ST 1 - NONE GIVEN	ATUS		
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERAT	ING AN	2 - TEST REFUSED			
3 - SUSPECTED 4 - POSSIBLE IN		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOY		INT / SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEXTING, T		3 - TEST GIVEN, CO SAMPLE / UNU			
5 - NO APPAREN		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER) 5 - NOT APPL			PLICABLE (OHIO = D)				A BUS	DIALING) 3 - TALKING ON HANDS	TALKING ON HANDS-FREE 4-TEST GI		ESULTS KNOWN		
INJURED TAKEN BY 5 - SECOND - MIDDLE 9 - DEPLO			9 - DEPLOY					6 - EXCEPT CLASS A & CLASS B BUS	A	COMMUNICATION DE 4 - TALKING ON HAND-H	- 1102	LINKNOWN			
	1 - NOTTRANSPORTED 6 - SECOND - RIGHT SIDE			7 - EXCEPT TRACT JECTION OL ENDORSEMENT 0. INTERMEDIATE					COMMUNICATION DE	EVICE	ALCOHOL TEST TYPE				
2 - EMS	2 - EMS (MOTORCYCLE SIDE CAR) 1-1			NOT EJECTED H - HAZMAT				8 - INTERMEDIATE LICENSE RESTRICTIONS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		1 - NONE 2 - BLOOD			
3 - POLICE	O THIRD DIGHT CIDE			IALLY EJECTED M - MOTORCYCLE LLY EJECTED P - PASSENGER			9 - LEARNER'S PERMIT RESTRICTIONS		6 - PASSENGER 7 - OTHER DISTRACTION		3 - URINE				
	10 - SLEEPER SECTION 4 - NOT A		4 - NOT APP				10 - LIMITED TO DAYLIGHT ONLY		INSIDE THE VEHICLE		4 - BREATH				
1 - NONE USED	SAFETY EQUIPMENT 1- NONE USED OF TRUCK CAB 11- PASSENGER IN OTHER TR				Q - MOTOR SCOOTER 11 - LIMITED TO EM				THE VEHICLE						
2 - SHOULDER E	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRA			PPED S - SCHOOL BUS 13 - MECHAN				13 - MECHANICAL DI	9 - OTHER / UNKNOWN			DRUG TEST TYPE 1-NONE			
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLO		2 - EXTRICATED BY MECHANICAL MEANS			T - DOUBLE & TRIPLE		CONTROLS, OR O	THER CONDITION			2 - BL00D			
5 - CHILD RESTRAINT SYSTEM - CARG		CARGO AREA 13 - TRAILING UNIT	JANUARE DI		EANS	X - TANKER / HAZMAT	14 - MILITARY VEHIC		ONLY 2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER				
6 - CHILD REST	6 - CHILD RESTRAINT SYSTEM = 14 - RIDING		ON VEHICLE EXTERIOR					15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT 3 - EMOTIONAL (E.G., DEPRES						
7 - BOOSTER SE		(NON-TRAILING UNIT) 15 - NON-MOTORIST				16 - OUTSIDE MIRROR		4- ILLNESS		1 - AMPHETAMINES					
8 - HELMET US	8 - HELMET USED 99 - OTHER / UNKNO		WN			17 - PROSTHETIC A 18 - OTHER			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES 3 - BENZODIAZEPI			
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)								6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS		4 - CANNABINOIDS				
	10 - REFLECTIVE CLOTHING 11 - LIGHTING – PEDESTRIAN						/ALCOHOL 9- OTHER / UNKNOWN					5 - COCAINE 6 - OPIATES / OPIOIDS			
/ BICYCLE Of	/ BICYCLE ONLY									J. J		7 - OTHER			
99 - OTHER / UNKNOWN												8 - NEGATIVE RESULTS			

Ũ	OHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM							2023		ORT NUMBER	5 5	9			
	UNIT #	# NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE						
ΔNT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN															
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
	1 1														
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
9	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
	1 1	TAKEN BY				MC HELMET				1 1					
ì	UNIT #	T # NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER			
PAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN															
٥	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: M edical F acilit	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
8	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
	THE EAST HOUSE														
ANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN															
٥	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	ry (name, city)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		BY						MC HELMET							
	1 - FATA		IRIES	1 - NONE US	FD.		T – LEFT SIDE	TITON	1 - NOT DE	AIR BAG U	SAGE				
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY VEHICLE 2 - SHOULDE 3 - LAP BEL			OCCUPANT	ER)	YED FRONT									
				ER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT S			Ξ.	3 - DEPLO	YED SIDE						
				I ONLY USED ER & LAP BELT USED	ND – LEFT SIDI	Ē	4 - DEPLOYED BOTH FRONT/SIDE								
	5 - NO APPARENT INJURY 5 - CHILD RE INJURED TAKEN BY FORWARD				ESTRAINT SYSTEM -		ORCYCLE PASS ND – MIDDLE	DENGER)	5 - NOT APPLICABLE						
							ND – RIGHT SII D – LEFT SIDE	DE	9 - DEPLO	9 - DEPLOYMENT UNKNOWN					
		TRANSPOR EATED AT S		6 - CHILD RE	ESTRAINT SYSTEM – CING	CAR)		EJECTI	D N						
	2 - EMS 7 - B00STER			SEAT		D – MIDDLE D – RIGHT SIDE		1 - NOT EJ	ECTED						
	3 - POLICE 8 - HELMET						PER SECTION (2 - PARTIA	LLY EJECT	LLY EJECTED				
	9 - OTH	ER/UNKNO	OWN		IVE PADS USED KNEES, ETC.)		ENGER IN OTH O AREA (NON-TI								
					IVE CLOTHING	BUS, F	PICK-UP WITH CAI	P)							
				11 - LIGHTING / BICYCLI	G – PEDESTRIAN F ONLY		ENGER IN UNE O AREA	1 - NOTTRAPPED							
				99 - OTHER / I			LING UNIT NG ON VEHICLE	2 - EXTRICATED BY MECHANICAL							
						(NON-	TRAILING UNIT)	EXTERIOR	MEANS			A.1			
							MOTORIST R/UNKNOWN		3 - FREED MEANS	BY NON-ME	CHANIC	AL			
S		ST, FIRST, MIDD							E OF BIRTH		AGE	GENDER			
WITNESS		<u> </u>	NT JUSTIN					0 8 / 1			3 8	M			
ΜĬ		: STREET, CITY,	NEWARK, OH 430)55				CUNTACT PHONE		DE DE					
ř	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ESS															
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
5	NAME	ST, FIRST, MIDD	I.E.					DA3	E OF BIRTH	 	AGE	GENDER			
SS	MANUE: LA	oi, rikoi, MIDD	LL								AUE	GENDEK			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
>									1 1						