OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MA	NDATORY FIELD FOR SUPPLEME	ENT REPORT	2023-	OCAL REPORT NUMBER	539					
PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
SECONDARY CRASH PRIVATE PROPERTY	Heath PD		507	1 - SOLVED LJ 2 - UNSOLVED	P. H	2 98 - ANIMAL 99 - UNKNOWN					
COUNTY* LOCALITY* LOCATION: CITY 4 5 1 2-VILLAGE HEATH		CRASH DATE / TIME* CRASH SEVERITY									
3-TOWNSHIP	09192023 1025 LATITUDE DECIMAL DEGREES 5 2 - SERIOUS INJURY SUSPECTED										
2 - SOUTH 3 - EAST	ROAD TYPE	4,0,028	3	MINOR INJURY							
	30TH REFERENCE ROAD NAME (ROAD,	ROAD TYPE	LONGITUDE DE		SUSPECTED INJURY POSSIBLE						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	79	50 N		-82 4 4 3	5 0 0	PROPERTY DAMAGE					
REFERENCE POINT DIRECTION SOOM DEFERDENCE	ROUTE TYPE	ROAD TYPE	<u> </u>		NTERSECTION RELATED						
1-INTERSECTION 1-NORTH IR			D - ROAD Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH							
3- HOUSE # 3- EAST	- STATE ROUTE BL	- BOULEVARD MP - MILEPOST S	T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE CT		E - TERRACE L - TRAIL	ROADWAY							
1 - MILES TR 2 2 - FEET 3 - YARDS	- NUMBERED TOWNSHIP DR HE	/A - WAY	ROADWAY DIVIDED								
LOCATION OF FIRST HARMFUL EVEN		- HEIGHTS PL - PLACE NER OF CRASH COLLISION/IMPAG	et .	DIRECTION OF TRAVEL	MEDIAN	TYPF					
1 - ON ROADWAY 9 - CROSSOVE	1 - NOT	COLLISION 4-REAR-TO-REAR NEEN 5-BACKING		1 - NORTH	1 - DIVIDED FL	USH MEDIAN					
3 - IN MEDIAN 11-RAILWAY (GRADE CROSSING WEH	MOTOR ICLES IN 6-ANGLE		2 - SOUTH 3 - EAST	2 - DIVIDED FL	(< 4 FEET) - DIVIDED FLUSH MEDIAN					
4 - ON ROADSIDE 12-SHARED U 5 - ON GORE TRAILS	SE PATHS OR TRAIT 2 - REAF	NSPORT 7 - SIDESWIPE, SAME R-END 8 - SIDESWIPE, OPPO:	CONTRACTOR THE STATE OF	4 - WEST	(≥4 FEET 3 - DIVIDED, D	ET)), DEPRESSED MEDIAN					
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANI 7 - ON RAMP 14 - TOLL BOOT	DETIEN	O-ON 9-OTHER/UNKNOW	/ N		AISED MEDIAN)						
8-OFF RAMP 99-OTHER/U	NKNOWN				9 - OTHER/UNI	KNOWN					
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN WO		CONTOUR	CONDITIONS	SURFACE					
WORKERS PRESENT 2.	LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNIN		1 CTRAIGHT LEVEL	1	2					
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA	Mediania-femilia		1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,					
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	ĒΑ	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT					
LIGHT CONDITION	WEATHE	R			4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK					
1 - DAYLIGHT	1 - CLEAR 01 2 - CLOUDY	6 - SNOW			OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
2 - DAW N/DUSK 3 - DARK – LIGHTED ROADWAY	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	SNOW		6 - WATER (STANDING, MOVING)	, S-DIKI						
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN	NG DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	9 - OTHER/UNKNOWN						
9-OTHER/UNKNOWN	5 - SLEET, HAIL	and and states the state of the			9-01HER/UNKNOWN						
NARRATIVE		F ' ' '			N N	Indicate the north direction with					
Unit 1 was stopped in the tu on S 30th Street and Hebror		- 1				an "N" on the compass diagram.					
left front bumper of unit 1.	i Road. Oilit 2 Struci			ScenePD ™ - Evaluation Edition	Not To Scale	-					
por or anno 1		Evaluation Edition	Evaluation ation Edition	Evaluation E	ÎN Evaluation Edition						
			Evaluation	Edition	Evaluation Edition Edition						
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		<u> </u>	Evaluation	Evaluation Edition	Evaluation Edition Edition						
		Evaluation Edition	ation Edition	Trancite (877) 908-4777							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED		PORT TAKEN BY					
	92023 1026			9192023		POLICE AGENCY MOTORIST					
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINU	ECKED BY OFFI	CER'S NAME*		SUPPLEMENT							
	Spence OFFICER'S BAI		Снескей е	Y OFFICER'S BADGE N	UMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
3 3 3 3 3	0 7 -	1 5 7	11								

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DEF OF PUBLI SAFETY - SERVI	SONIO DEPARTMENT MOTORIST / NON-MOTORIST / NON-MOTORIST					2 0 2 3 - 0 0 0 1 0 5 3 9											
UNIT #								D	ATE OF	BIRTH			AGE	GENDER			
01	BENEDICT, DESTINY DONYEL							0 3 / 1 9 / 1 9 9 3 3 0 F									
2	DRESS: STREET, CITY, STATE, ZIP S84 LAKEVIEW AV NEWARK, OH 43055																
		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME.CITY)	SAFETY	EQUIPMENT			SEATIN	NG POSITION	AIR BAG U	IISAGE E	JECTION	TRAPPED
NON 5	TAKEN BY							USED	0 4		-COMPLIA	NT	1	1	JUNE 1	1	, 1
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAR	RGED	LOCAL							CITATI	CITATION NUMBER		
INJURIES OL STATE O H							CODE										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS.	VER Tracted		DHOL / DRUG SUSPI	ECTED RIJUANA	CON	IDITION	STATUS		L TEST VAL			DRUG TYPE	RESULT	SELECT UP TO 4
4			BY	1	=	THER DRUG	NIJUANA	1	. ,	1 ,	1		_ , _	1	1	1 11	11 11 1
UNIT #	NAME: LAST, F	FIRST, MIDDLE						DATE OF BIRTH						AGE	GENDER		
0 2	HOSKINS	SON, FLOYD M								1 0	/ 0	9 ,	/ 1 9	5 9	6	_3	M
ADDRESS:	STREET, CITY, ST.	ATE, ZIP								CONTA	CT PHO	NE - INCL	UDE AREA C	DDE	•		
9 546 WC		CT HEATH, OH 4305	6											1 1			
INJURIES 5	IES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQ USED O				DOT-COMPLIANT				ON AIR BAG USAGE EJECTION TRAPPED 1 1 1					
ADDRESS: 546 WC INJURIES OL STATE OL H	<u> </u>		OFFENSE CHARGED LOCAL			L L	OFFENSE DESCRIPTION			ا		CITATI	CITATION NUMBER				
≅ ,о н ,				333.03 CODE			333.	333.03			0			004507000015709			
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. 4	,		ВУ	7	=	LCOHOL MAF THER DRUG	RIJUANA	1	ι ,	1 .	1 .			1	1		
UNIT #				THER BROW					D	DATE OF BIRTH				AGE	GENDER		
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE								
				•										 			
ADDRESS:	INJURED EMS AGENCY (NAME) TAKEN BY			INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT MC HELMET			AIR BAG I	AIR BAG USAGE EJECTION TRAPPED					
		ICENSE NUMBER		OFFENSE CHARGED LOCAL			OFFE	NSE DESC					CITATION NUMBER				
OL STATE				CODE													
OL CLASS	ENDORSEMENT SELECT UP TO 2			VER TRACTED		_COHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST STATUS TYPE VALUE S			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
	ļ				ALCOHOL MAF		RIJUANA			ļ	ļ						
INJU	RIES	SEATING POSITION	A	IR BAG		OL CLASS	S	OL	RESTRIC	TION(S)	DF	RIVER D	ISTRACT	TION	TE	ST STA	TUS
1 - FATAL	AFRICUS IN HIRV	1 - FRONT - LEFT SIDE 1 - NOT DEP					1 - ALCOHOL INTERLOCK DEVICE				1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN			1 - NONE GIVEN			
3 - SUSPECTED	SERIOUS INJURY MINOR INJURY	2 - DEPLOYE 2 - FRONT - MIDDLE 3 - DEPLOYE					2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES				ELECTRONIC COMMUNICATION			2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED			
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - DEPLOYE		ED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER				DEVICE (TEXTING, TYPING, DIALING)			SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN			
5 - NO APPAREN	(MOTORCYCLE PASSENGER)		MENT UNKNOWN 5 - M/C MOPED ONLY			5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A				3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			5 - TEST GIVEN, RESULTS				
INJURED 1 - NOT TRANSP	D TAKEN BY 5- SECOND - MIDDLE			6 - NO VALID OL & CLASS B BUS				The control of the co				ICE					
/TREATED AT	SCENE 7-THIRD-LEFT SIDE EJ		ECTION OL ENDORSEMENT 8-INTER			THE CHANGE DIVINE COUNTY			5 - OTHER ACTIVITY WITH AN			ALCOHOL TEST TYPE 1 - NONE					
2 - EMS 3 - POLICE	(MOTORCYCLE SIDE CAR) 1 - NOT EJE(8 - THIRD - MIDDLE 2 - DARTIAL		CTED H - HAZMAT LY EJECTED M - MOTORCYCLE			RESTRICTIONS 9 - LEARNER'S PERMIT				ELECTRONIC DEVICE 6 - PASSENGER			2 - BL00D				
9 - OTHER / UNK	UNKNOWN 9-THIRD-RIGHT SIDE 3-TOTALLY					RESTRICTIONS				7 - OTHER DISTRACTION INSIDE THE VEHICLE			3 - URINE 4 - BREATH				
SAFETY E	10 - SLEEPER SECTION 4 - NOT APPLICABLE OF TRUCK CAB			N - TANKER 10 - LIMITED TO DAY Q - MOTOR SCOOTER 11 - LIMITED TO EM			PLOYMENT 8 - OTHER DISTRACTION			TRACTION O							
1 - NONE USED	ENCLOSED CARGO AREA			R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTHE			9 - OTHER / UNKNOWN				DRUG TEST TYPE						
3 - LAP BELT ON	LT ONLY USED PICK-UP WITH CAP) 2 - EXTRICAT		TED BY T - DOUBLE & TRIPLET RALLERS			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER				CONDITION			1 - NONE 2 - BLOOD				
	SHOULDER & LAF BELL USED CARGO AREA 3 - FRE		3 - FREED B	BY X - TANKER / HAZMAT			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER				1 - APPARENTLY NORMAL			3 - URINE			
FORWARD FA	FORWARD FACING 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR		NON-ME	N-MECHANICAL MEANS						3 -	2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,			4 - OTHER			
REAR FACING	REAR FACING (NON-TRAILING UNIT)										ANGRY, DISTURBED) 4- ILLNESS 5- FELL ASLEEP, FAINTED, FATIGUED, ETC. 6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			DRUG TEST RESULT(S) 1-AMPHETAMINES			
7 - BOOSTER SE 8 - HELMET US										5 - F				2 - BARBITURATES			
9 - PROTECTIVE	- PROTECTIVE PADS USED									6- l				3 - BENZODIAZEPINES			
	ELBOW, KNEES, ETC.) IEFLECTIVE CLOTHING													4 - CANNABINOIDS 5 - COCAINE			
11 - LIGHTING - F	ITING – PEDESTRIAN										9-OTHER/UNKNOWN			6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTHER / UNK													8 - NEGATIVE RESULTS				