OF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT										LOCAL REPORT NUMBER*									
OH-2 NOH-3 LOCAL INFORMATION									2 0	2 3 -	0 0	0 1	LOG	5 7 8					
PHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME*								NCIC*		SKIP	NUMBER	OF UNITS	1	NIT IN ERROR					
SECONDARY CRASH	D			1 - SOLVED 0 2 98 - ANI 2 - UNSOLVED 0 2 99 - UNI															
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*										SH DATE /	_			SEVERITY					
4 5 1 2-VILLAGE HEATH										2023	154	5 5	1 - FA 2 - SE	TRIOUS INJURY					
I NORTH LOCATION								ROAD TYPE	LA	SL	JSPECTED								
ROUTE TYPE ROUTE NU					v	D R	4.0.0	INOR INJURY JSPECTED											
ROUTE TYPE ROUTE NU	MBER PREFIX	(1-NORTH 2-SOUTH	REFERENCE ROA	AD NAME (ROAD	, MILEPOST, F	IOUSE #)		ROAD TYPE											
3 - EAST 4 - WEST 680									-82,4	ROPERTY DAMAG ILY									
REFERENCE POINT	DIRECTIO FROM REFERENCE	CF I	ROUTE TYP			ROAD TYPE					INTERSEC	TION RE	LATED						
3 2-MILE POST	1 - INTERSECTION 1 - NORTH IR - INTERSTATE ROUTE(TP) AL - ALLE							D - ROAD Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH										
3- HOUSE #																			
DISTANCE FROM REFERENCE	DISTANCE DISTANCE CR - NIIMBERED COUNTY ROLLTE CR - CIRCLE OV - OVAL TE - TERRA									ROADWAY									
	1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY										ROADWAY DIVIDED								
2 - FEET ROUTE HE - HEIGHTS PL - PLACE																			
LOCATION 1 - ON ROADWA	N OF FIRST HA				NNER OF CRAS			т	DIRECTION	(R) 7-3 (R) (R-0-0-0-)	IL		IEDIAN T						
0 1 2-0N SHOULD	1 2-0N SHOULDER 10-DRIVEWAY/ALLEY ACCESS 3 BETWEEN 5-BACKI								100	- NORTH - SOUTH	l _r	1 - DIVIDED FLUSH MEDIAN (<4 FEET)							
3- IN MEDIAN 11-RAILWAY GRADE CROSSING VEHICLES IN 6-ANG								DIRECTION	3	- EAST		2 - DIVIDED FLUSH MEDIAN (≥4 FEET)							
5 - ON GORE		TRAILS	- 1 10 119 211	2 - RE/	AR-END	8 - SIDESWIP	E, OPPOS	SITE DIRECTION	4	-WEST			- DIVIDED, DEPRESSED MEDIAN						
6 - OUTSIDE TR 7 - ON RAMP	WILL TO MAN	3-BIKE LANE 4-TOLL BOOT	1	3 - HE	AD-ON	9 - OTHER / UI	NKNOW	/N				(AN)	DIVIDED, RAISED MEDIAN (ANY TYPE)						
8 - OFF RAMP		9 - OTHER/UNKNOWN																	
WORK ZONE RELA	TED		WORK ZONE TY	PE		ON OF CRASH			CONTOUR CONDIT										
WORKERS PRESEN	NT.		LANE CLOSURE LANE SHIFT/CRO:	SSOVER		- BEFORE THE WARNING S		VORK ZONE	_1		Ĺ	1							
LAW ENFORCEMEN	NT PRESENT	3 -	WORK ON SHOULI OR MEDIAN		34 Sept. 11	- ADVANCE W - TRANSITION		G AREA	1 - STRAIGHT LEVEL 1 - DRY				1 - CONCRETE						
		l	INTERMITTENT O	R MOVING WOR		- ACTIVITY A			2 - STRAIGHT GRADE 2 - WET 3 - CURVE LEVEL 3 - SNOW				2	- BLACKTOP, BITUMINOUS,					
ACTIVE SCHOOL ZO	ONE	5 -	OTHER		5	- TERMINATI	ON ARE	:A	4 - CURVE		4 - ICE		ASPHALT 3 - BRICK/BLOCK						
DOMARIO O DI	CONDITION			WEATH					9 - 0THER/	UNKNOWN			DIRT, 4 - SLAG GRAVEL						
1 - DAYLIGHT 2 - DAWN/DUSK			1 - CL	.EAR .OUDY	6 - SNOW 7 - SEVERE	CROSSWIND	S				6 - WATER	RAVEL R (STANDI	STONE						
3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - B						IG SAND, SOIL	, DIRT,				MOVI	NG)	9 - OTHER/UNKNOW						
4 - DARK – ROADWAY NOT LIGHTED 4 - RAIN 9 - FREE: 5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHI							REEZII	NG DRIZZLE			7 - SLUSH		JNKNOWN						
9-OTHER/UNK	CNOWN										y office								
NARRATIVE						- 1	-						N N	Indicate the nort					
Unit 1 was t	_	•										<	43	an "N" on the compass diagram					
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Unit 2 was als	so trave	lina nor	th on Kell	er Dr. Ur	nit 2		Evalua	Evaluatio ation Edition	Evaluation n Edition	Edition									
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					7 ,					77) 908-4777	D.T	-							
CRASH REPORTED I		-	DISPATCH DATE /		CAPAR	RIVAL DATE		6 0 0			DATE/TIM		100,000,000,000	ORT TAKEN BY DLICE AGENCY					
0,9,2,2,2,0,2,3			22023		0922	Z U Z 3		6000) T 6	33		OTORIST					
TOTAL TIME ROADWAY CLOSED INV	OTHER ESTIGATION TI	TOTA ME MINUT						ecked by OFFI eterson		E*			☐ su	JPPLEMENT					
					ADGE NUMBE			CHECKED	BY OFFICER			_	(CC	DRRECTION OR ADDITION OF EXISTING REPORT SENT TO OUR					
	1 1	dr r	0	7 -	1 1	4 9		0 7		1	4	5							

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DEI OF PUBLI SAFETY - SERV	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST									2 0 2 3 - 0 0 0 1 0 6 7 8										
UNIT #											DATE OF BIRTH AGE G									
O 1	ROHDE, MICHAEL S ESS: STREET, CITY, STATE, ZIP											0 5 / 0 6 / 1 9 7 7 4 6 M								
2	152 E IRVING WICK DR 85 HEATH, OH 43056																			
INJURIES	RIES INJURED EMS AGENCY (NAME) INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME										T-Complia	SEATIN	IG POSITIO	N AIR BAG	USAGE	EJECTION	TRAPPED			
	BY						USED L	0 4		HELME		1	1	1 1						
INJURIES OL STATE O H						OFFENSE CHARGED LOCAL CODE				RIPTION	l			CITAT						
O H OLCLASS	ENDORSEMENT	RESTRICTION SELECT	/ER ALCOHOL / DRUG SUSPECTED				CON	IDITION		ALCOHO	L TEST		DRUG TEST(S)							
	SELECT UP TO 2		RACTED			RIJUANA		STATUS T			VAL	UE	STATUS	TYPE	RESULT	SELECT UP TO 4				
4			1 OTHER DRUG				1	·	1	1	•		1	1		Lacusca				
UNIT #														0 0 1		AGE	GENDER			
	STREET, CITY, ST									CONTACT PHONE - INCLUDE AREA CODE										
152 E I	RVING WI	CK DR 46 HEATH, O	H 4305	6																
INJURIES	TAKEN				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)					DOT-COMPLIANT			IG POSITIO	N AIR BAG	USAGE	EJECTION 1	TRAPPED 1			
OL STATE	5 BY STATE OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL					O 4 MC HE						CITATION NUMBER					
ADDRESS: 152 E I INJURIES OL STATE O H OU CLASS				333.03 CODE				333.03							092223001					
OL CLASS	ENDORSEMENT SELECT UP TO 2				TRACTED -			CONDITION		ALCOHOL TEST STATUS TYPE VAL			UE	STATUS	DRUG Type	TEST(S RESULT	SELECT UP TO 4			
4			1 ALCOHOL MARI			RIJUANA	1	L ,	1 ,	,1 ,		, ,	1	1						
UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE										D	DATE OF BIRTH				AGE	GENDER			
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
ADDRESS:	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY	EQUIPMENT			SEATIN	IG POSITIO	N AIR BAG	USAGE	EJECTION	TRAPPED			
	TAKEN BY							USED L		DOT-COMPLIANT MC HELMET			1	CITATION NUMBER						
OL STATE	OPERATOR L	PERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL CODE				FENSE DESCRIPTION				CITATION NUMBER						
OL CLASS	ASS ENDORSEMENT RESTRICTION SELECT				ALCO	HOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST STATUS TYPE VALUE S			DRUG TEST(S) STATUS TYPE RESULT			SELECT UP TO 4				
	SELECT UP TO 2		BY				RIJUANA			STATUS TYPE		VALUE		314103	1111	KESOLI	SELECT OF 10 4			
INJU	RIES	SEATING POSITION	A	IR BAG	⊔⁰	THER DRUG OL CLASS	S	OL	RESTRIC	TION(S)	DI	• L L	ISTRACI	TION	TE	ST STA	TUS			
1 - FATAL	1 - FRONT - LEFT SIDE		1 - NOT DEPLOYED			1 - CLASS A	1 - ALCOHOL INTERLOCK DEVIC 2 - CDL INTRASTATE ONLY			CE 1 - NOT DISTRACTED 2 - MANUALLY OPERATING			1 - NONE GIVEN							
	ED MINOR INJURY 2 - FRONT - MIDDLE		2 - DEPLOYED FRONT 3 - DEPLOYED SIDE			2 - CLASS B 3 - CLASS C	3 - CLASS C			3 - CORRECTIVE LENSES			ELECTRONIC COMMUNICA DEVICE (TEXTING, TYPING			ATION 3 - TEST GIVEN, CONTAMINATED				
	DSSIBLE INJURY 3 - FRONT - RIGHT SIDE 0 APPARENT INJURY 4 - SECOND - LEFT SIDE		4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE			4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER 5 - EXCEPT CLASS A BUS			DIALING)			4_TEST GIVEN RESULTS KNOWN							
	(MOTORCYCLE PASSENGER) JURED TAKEN BY 5 - SECOND – MIDDLE		9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED (6 - NO VALID OL				6 - EXCEPT CLASS & CLASS B BUS			A COMMUNIC			NICATION DEVICE 5 - ON HAND-HELD			5 - TEST GIVEN, RESULTS UNKNOWN				
1 - NOT TRANSP	/ CECOND DICHT CIDE		EJECTION OL ENDORSEMENT					7 - EXCEPT TRACTOR-TRAI			FRAILER COMMUNICATION DEVICE			ALCOHOL TEST TYPE						
2 - EMS	EMS (MOTORCYCLE SIDE CAR)		1 - NOT EJE	CTED		H - HAZMAT	H - HAZMAT RE			8 - INTERMEDIATE LICENSE RESTRICTIONS		ELECTRONIC DEVICE			1 - NONE 2 - BLOOD					
3 - POLICE 9 - OTHER / UNK	OTHER/UNKNOWN 9-THIRD - RIGHT SIDE		2 - PARTIAL 3 - TOTALLY		M - MOTORCYCLE P - PASSENGER	RESTRICTIONS			7 - OTHER DISTRACTION			TRACTION	3 - URINE							
SAFETY E	SAFETY EQUIPMENT OF TRUCK CAB			PPLICABLE N-TANKER Q-MOTOR SCOOTER				10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT			8-	INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE			4 - BREATH E 5 - OTHER					
1 - NONE USED	ENCLOSED CARGO AREA			R-THREE-WHEEL MOTORCYCLE				12 - LIMITED – OTHER 13 - MECHANICAL DEVICES				THE VEHICLE 9 - OTHER / UNKNOWN			DRUG TEST TYPE					
3 - LAP BELT ON	3 - LAP BELT ONLY USED PICK-UP WITH CAP)		2 - EXTRICATED BY MECHANICAL MEANS			S - SCHOOL BUS T - DOUBLE & TRIPLE	(SPECIAL BRAKES CONTROLS, OR OTH		ES, HAND	S, HAND HER CONDITIO			1 - NONE 2 - BLOOD							
	4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM— 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING LIMIT		3 - FREED BY NON-MECHANICAL MEANS			X - TANKER / HAZMAT		ADAPTIVE DEVICES) 14 - MILITARY VEHICLES		(S) 1 - APPARENTLY NORMAL			JOHNE							
6 - CHILD REST	FORWARD FACING 13 - TRAILING UNIT 5 - CHILD RESTRAINT SYSTEM 14 - RIDING ON VEHICLE EXTERIOR						15 - MC	TOR VEHICLE R BRAKES		3 -	EMOTIONAL	MOTIONAL (E.G., DEPRESSED, GRY, DISTURBED)			DRUG TEST RESULT(S)					
	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST						16				4- ILLNESS				1 - AMPHETAMINES					
8 - HELMET US	8 - HELMET USED 99 - OTHER / UNKNOWN							17 - PROSTHETIC AID 18 - OTHER			1	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES 3 - BENZODIAZEPINES					
(ELBOW, KN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										6- UNDER THE INFLUENCE OF MEDICATIONS / DRUG				A CANNARIMOIDS					
11 - LIGHTING - I	0 - REFLECTIVE CLOTHING 1 - LIGHTING - PEDESTRIAN										/ALCOHOL 9- OTHER/UNKNOWN				6 - OPIATES / OPIOIDS					
	/ BICYCLE ONLY OTHER / UNKNOWN														7 - OTHER 8 - NEGATIVE RESULTS					