OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MA	ANDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	O CAL REPORT NUMBER						
PHOTOS TAKEN OH-2 NOH-3 OH-1P OTHER	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR									
SECONDARY CRASH PRIVATE PROPERTY	4 5 0 7	1 - SOLVED 0 1 98 - ANIMAL 2 - UNSOLVED 0 1 99 - UNKNOWN									
COUNTY* LOCALITY* LOCATION: CITY		CRASH DATE / TIME * CRASH SEVERITY									
4 5 1 2-VILLAGE HEATH	ROAD TYPE	09232023, 0925 3 2 - SERIOUS INJURY									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WFST	2 MINOR IN HIRV										
	SUSPECTED										
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, PARK	, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 4-INJURY POSSIBLE -82 0 4 8 0 7 5 5-PROPERTY DAMAGE							
	-82,048075 5-PROPERTY DAMAGE ONLY										
1 - INTERSECTION FROM REFERENCE 1 - NORTH IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL	RD - ROAD	WITHIN INTERSECTION OR ON APPROACH								
3 - HOUSE # 3 - EAST	FEDERAL US ROUTE AV	SQ - SQUARE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES								
DISTANCE DISTANCE CR -	4 - WEST SR - STATE ROUTE BL - BUULEVARD MP - MILEPUST ST - STREET										
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR -	NUMBERED TOWNSHIP DR		TL - TRAIL WA - WAY	ROADWAY							
2 5 2 - FEET 3 - YARDS	ROUTE	- HEIGHTS PL - PLACE		ROADWAY DIV	IDED						
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER		INER OF CRASH COLLISION/IMPA COLLISION 4-REAR-TO-REAR	СТ	DIRECTION OF TRAVE	A SECTION AND A SECURIT	7000-00-00 70-00					
0 2 2 - ON SHOULDER 10-DRIVEWAY/	ALLEY ACCESS 1 BET	WEEN 5-BACKING		1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)							
4 - ON ROADSIDE 12-SHARED US	RADE CROSSING WEH	HICLES IN 6-ANGLE INSPORT 7-SIDESWIPE, SAM	E DIRECTION	3 - EAST 2 - DIVIDED FLUSH MEDIAN							
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REA 3 - HEA	*		4 - WEST 3 - DIVIDED, DEPRESSED M 4 - DIVIDED, RAISED MEDI							
7 - ON RAMP 14-TOLL BOOTH	1	2 of the total			(ANY TYPE) 9 - OTHER/UNKNOWN						
O- OI E IXAMI	WORK ZONE TYPE	LOCATION OF CRASH IN WO	DI ZONE	CONTOUR	CONDITIONS	SURFACE					
	LANE CLOSURE	1 - BEFORE THE 1ST		1	1	2					
]	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNIN	IG AREA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE							
LAW ENFORCEMENT PRESENT	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA	4	2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP BITUMING							
l 	OTHER	5 - TERMINATION AR	EA	3-SNOW ASPHALT							
LIGHT CONDITION	WEATH	ER		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAG, GRAV							
1 - DAYLIGHT 4 2 - DAWN/DUSK	1 - CLEAR O1 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS		OIL, GRAVEL STONE							
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DIRT			MOVING)	5 - DIRT 9 - OTHER/UNKNOWN					
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZ 99 - OTHER / UNKNOWN	ING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN						
9 - OTHER / UNKNOWN											
NARRATIVE	RTU ON TUODNING					Indicate the north direction with					
UNIT 1 WAS TRAVELING NOI DR NEAR THE SOUTH ENTRA						an "N" on the compass diagram.					
UNIT 1 RAN OFF THE RIGHT		i		ScenePD ™ - Evaluation Edition		2=					
STRUCK A STOP SIGN AND T		Evel	Evaluation uation Edition	Edition	Evaluation Edition						
A DITCH. UNIT 1 THEN STRU	_	- 1	Evaluation	Edition Evaluation E	Evaluation Edition Edition						
CAME TO REST NEXT TO THE	CULVERT. THERE	WERE Evaluation Edition	uation Edition		Evaluation Edition						
NO INJURIES REPORTED. TH	E DRIVER OF UNIT		Evaluation	Evaluation Edition Edition							
WAS ULTIMATELY ARRESTED	FOR OVI.	Evaluation Edition	uation Edition		Evaluation Edition Evaluation Edition						
		Eval	Evaluation	Edition Edition	dition						
		Evaluation Edition		Evaluation E	Evaluation Edition Evaluation Edition	-					
		Evaluation Edition	Evaluation uation Edition	Edition Edition	(N						
		_		Evaluation Edition	Evaluation Edition didition Edition ed						
		Evaluation Edition	Evaluation Edition	sit 1	o. 10 Joans						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED [DATE/TIME R	EPORT TAKEN BY					
09232023 0000 092	32023 0011	09232023 0	0 1 3 0	9232023	0208	POLICE AGENCY					
TOTAL TIME OTHER TOTAL	L OFFICER'S NAME*	T c	HECKED BY OFFI	CER'S NAME*		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINUT	Harkiey	DGE NUMBER*	eterson	Y OFFICER'S BADGE N	IIIMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
4 0 1 6			0 7	- 1	4 5	SACRETON PROPERTY SERVICE (1994), 4664 (1877) (1884), 4664 (1877) (1884), 4664 (1877) (1884), 4664 (1877) (1884)					

48 - TREE

49 - FIRE HYDRANT

99 - OTHER / LINKNOWN

OR SUPPORT

■ MOST HARMFUL EVENT

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

BARRIER

36 - MEDIAN OTHER BARRIER

3 - UNDETERMINED

POSTED SPEED

4

OHIO DEI OF PUBLI SAFETY - SERV	SOHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 1 0 6 9 2										
UNIT #	INIT # NAME: LAST, FIRST, MIDDLE								l	DATE O	F BIRTH			AGE	GENDER		
0 1	GARBER, TRISHA T SS: STREET, CITY, STATE, ZIP								0 7	_/ _C		/ 1		5	3 8	F	
		WARK, OH 43055							. O.			LODE AREA	, CODE				
-	INJURED EMS AGENCY (NAME) INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME									-Compli	SEA	TING POSITI	ION AIR	BAG USAG	E EJECTION	TRAPPED	
INJURIES 5	TAKEN BY							USED 0 4		HELME		1		1	1	_1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL CODE	OFFENSE DESC	RIPTION				CI	CITATION NUMBER			
Б О Н							ALL OTHER	OFFENSES			45	4507147923231					
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	ALCOHOL / DRUG SUSPECTED X ALCOHOL MARIJUANA			CONDITION	STATUS		COHOL TEST TYPE VALUE		STATU		PE RESULT	G TEST(S) RESULT SELECT UP TO 4		
4		0 3	BY	1	=	THER DRUG	MOUANA	6	2	1			1	1			
UNIT #	NAME: LAST, I	FIRST, MIDDLE								DATE OF BIRTH					AGE	GENDER	
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
ADDRESS:	INJURED	EMS AGENCY (NAME)		Тъпшвев:	TAKENTO	: MEDICAL FACILITY	/NAME OF TO	SAFETY EQUIPMENT	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ION ATD	IN AIR BAG USAGE EJECTION TRAPPED			
INJURIES	TAKEN BY	EMS AGENCT (NAME)		INJUKED	IAKENTO	. WEDICAL PACILITY	(NAME, CITY)	USED	DOT-COMPLIA				ION AIR	BAG USAG	E EJECTION	TRAPPED	
	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC					CI	CITATION NUMBER			
OL STATE							CODE										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		OHOL / DRUG SUSP		CONDITION	STATUS	TYPE	OL TES	ALUE	STATU		UG TEST(S	T SELECT UP TO 4	
l		l	ВУ		=	LCOHOL MAI THER DRUG	RIJUANA										
UNIT #	NAME: LAST, I	FIRST, MIDDLE			υ۰	THER DROG					DATE 0	F BIRTH	<u> </u>		AGE	GENDER	
		·								1 1	1	1 1	1 1				
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTA	СТ РНО	DNE - IN	ICLUDE AREA	CODE				
													1				
	TAKEN	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		-Compli	ANT	TING POSIT	ION AIR	BAG USAG	E EJECTION	TRAPPED	
OL STATE	BY LINE CONTROL VICTOR WINDER		OFFENSE SHADOED			OFFENSE DESC	MC HELMET			CITATION NUMBER							
SI OL SIAIE	UPERATUR L	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL O			UFFENSE DESC	KIPIIUN			61	CITATION NOMBER				
OL CLASS	CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVI			ALC	OHOL / DRUG SUSP	LLL ECTED	CONDITION		ALCOHOL TEST STATUS TYPE VALUE S			CTATI	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
	SELECT UP TO 2		BY	TRACTED	=	_	RIJUANA		STATUS	ITTE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ALUE	STATE	111	E RESULI	I SELECI UP 10 4	
TNIII	JRIES	SEATING POSITION		IR BAG	<u></u> □ 0	THER DRUG OL CLAS	c	OL RESTRIC	LLLUN(S)		J • ∟ DIVED	DISTRA	CTION		TEST STA	THE	
1 - FATAL	KILS	1 - FRONT - LEFT SIDE	1 - NOT DEP			1 - CLASS A	J	1 - ALCOHOL INTER				TRACTED	OTTON	200 00000000	ONE GIVEN	1100	
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2	ELECTR	LLY OPERATI ONIC COMMU	JNICATIO	M	EST REFUSED EST GIVEN, CON	ITAMINATED	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE		ED BOTH FRO	NT/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER			DEVICE DIALING	(TEXTING, T	YPING,	SA	AMPLE / UNUSA	ABLE	
5 - NO APPARENT INJURY		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER) 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			(0HI0 = D) 5 - EXCEPT CLASS 5 - M/C MOPED ONLY 6 - EXCEPT CLASS				3 -		G ON HANDS- NICATION DE		VICE 5 - TEST GIVEN, RESULTS				
INJURED TAKEN BY			, 52, 2011			6 - NO VALID OL		& CLASS B BUS		4	-TALKING	G ON HAND-H	IELD	UNKNOWN			
/TREATED A		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5	- OTHER A	ACTIVITY WI	TH AN	1 - N	COHOL TES	ST TYPE	
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJEC 2 - PARTIAL	CTED LY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	MIT	6.	- PASSEN	ONIC DEVICE GER	1	2 - BI			
9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION		3 - TOTALLY EJECTED P - PASSENGER			RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY			7 - OTHER DISTRACTION INSIDE THE VEHICLE			3 - URINE 4 - BREATH						
SAFETY EQUIPMENT OF TRUCK CAB		OF TRUCK CAB	4-NOTAPPLICABLE N-TANKER					MITED TO EMPLOYMENT 8 - OTHER DISTRACTION									
ENCLOSE		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	TRAPPED 1-NOTTRAPPED			R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH			9 - OTHER / UNKNOWN			DRUG TEST TYPE					
3 - LAP BELT ONLY USED		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRICATED BY			S - SCHOOL BUS (SPECIAL T - DOUBLE & TRIPLETRAILERS CONTROL:			ES, HAND		CONDITION		N	1 - NONE 2 - BLOOD			
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM —		12 - PASSENGER IN UNENCLOSED CARGO AREA	DAREA 3-FREED BY			X - TANKER / HAZMAT ADAPTIVE DEVI			CES) 1 - APPARENTLY NORM			AL	3 - URINE				
FORWARD FA	ACING	13 - TRAILING UNIT	NON-MECHANICAL MEANS			14 - MILITARY VEH 15 - MOTOR VEHICL			ES WITHOUT 3 - EMOTIONAL (E.G., ANGRY, DISTURBED)				DEPRESSED,				
REAR FACIN		(NON-TRAILING UNIT)				AIR BRAKES 16 - OUTSIDE MIRR						STURBED)	DRUG TEST RESULT(S) 1-AMPHETAMINES				
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AII		5 - FELL ASLEEP, FAINTED,			ED,		ARBITURATES		
9 - PROTECTIVE	E PADS USED							18 - OTHER	6-		HE INFLUEN			ENZODIAZEPIN	ES		
(ELBOW, KNI 10 - REFLECTIVE										OF MEDICATIONS / DRI / ALCOHOL							
11 - LIGHTING - I	PEDESTRIAN									9-	OTHER/	UNKNOWN			6 - OPIATES / OPIOIDS		
99 - OTHER / UNKNOWN													7 - OTHER 8 - NEGATIVE RESULTS				

OHIO DEPARTMENT OF PUBLIC SAFETY OF PUBLIC SAFETY ANTICY - MACHY - MEDICAL PROTECTION OF PUBLIC SAFETY ANTICY - MEDICAL - PROTECTION OF PUBLIC SAFETY - MEDICAL - PROTECTION OF PUBLIC SAFET							2 0 2	2 3		ORT NUMBE		2					
	UNIT #	NAME: LAS	T, FIRST, MIDDLE						DATI	E OF BIRTH		AGE	GENDER				
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE							
)))	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COM	IPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE						DATI	E OF BIRTH		AGE	GENDER				
LN	ADDRESS	: STREET CITY	STATE 71P					CONTACT PHONE - INCLUDE AREA CODE									
OCCUPAN	ADDRESS: STREET, CITY, STATE, ZIP																
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT USED	DOT-COM	IPLIANT	SEATING POSITION	AIR BAG USA	E EJECTION	TRAPPED					
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE									
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE									
)))	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT	DOT-Com	IPI IANT	SEATING POSITION	AIR BAG USA	E EJECTION	TRAPPED					
		ВУ					USED	MC HEL	MET								
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GEND									
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE									
000	INJURES TAKEN BY L				INJURED TAKEN TO: MEDICAL FACILE	— DOT Con		SEATING POSITION	AIR BAG USA	E EJECTION	TRAPPED						
							USED	MC HEL			J		J				
	1 FATA		JRIES	1 - NONE US	Y EQUIPMENT USED		SEATING POS	ITION		1 NOT DI	AIR BAG	USAGE					
	2 - SUSPECTED SERIOUS INJURY VEHICLE			OCCUPANT	IT – LEFT SIDE ORCYCLE DRIV	/FR)			YED FRON	т							
				ER BELT ONLY USED				3 - DEPLOYED SIDE									
					T ONLY USED	IT – RIGHT SIDI IND – LEFT SIDI			4 - DEPLO								
	5 - NO APPARENT INJURY 4 - SHOULD			ER & LAP BELT USED		ORCYCLE PASS			FRONT	/SIDE							
				ESTRAINT SYSTEM – D FACING		ND - MIDDLE)E	5 - NOT APPLICABLE									
				ESTRAINT SYSTEM –	9 - DEPLOYMENT UNK												
	/TREATED AT SCENE REAR FA			CING	(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE												
	2 - EMS 7 - B00STEF				9 - THIRD – RIGHT SIDE							NOT EJECTED					
	3 - POLICE 8 - HELMET						PER SECTION (PARTIALLY EJECTED OTALLY EJECTED						
				TIVE PADS USED KNEES, ETC.)		ENGER IN OTH O AREA (NON-TI			4 - NOT AF								
10 - REFLECTI					TIVE CLOTHING		PICK-UP WITH CA			4-NOTAL							
TI - TIGHTING - PENESTRIAN							ENGER IN UNE O AREA	NENCLOSED TRAPPED 1 - NOTTRAPPED									
QQ OTHER / HNIKNOWN							2 - EXTRICATED BY MECHANICAL										
							4 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 5 NON MOTORIST 3 - FREED BY NON-N					BAECHANIACAL					
							MOTORIST ER/UNKNOWN			3 - FREED MEANS		IECHANIC	AL				
SS		ST, FIRST, MIDD							DATI	E OF BIRTH		AGE	GENDER F				
WITNESS		: STREET, CITY,						CONTACT P	HONE	- INCLUDE AREA CO	DDE		ـــــــــا				
8			HEBRON, OH 430	025													
S		ST, FIRST, MIDD							DATI	E OF BIRTH		AGE	GENDER				
WITNESS	HUNT, SUMMER ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE									
8	399 MOULL ST NEWARK, OH 43055																
ESS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER								
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE								