OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES I	MANDATORY FIEL	LD FOR SUPPLET	MENT REPORT	2023-	OCAL REPORT NUM					
PHOTOS TAKEN OH-2 NOH-3 OH-3 OH-1P OTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR										
SECONDARY CRASH PRIVATE PROPERTY	NCIC* 4 5 0 7	1 - SOLVED 0 3 0 1 98 - ANIMAL 2 - UNSOLVED 99 - UNKNOWN									
COUNTY* LOCALITY* LOCATION: CITY		CRASH DATE / TIME* CRASH SEVERITY									
4 5 1 2-VILLAGE HEATH	09252023, 2036, 3 2-SERIOUS INJURY										
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LATITUDE DE		SUSPECTED 3 - MINOR INJURY								
THE	REFERENCE ROAD NAME (ROA	Her #\	ROAD TYPE	3,9,993		SUSPECTED 4 - INJURY POSSIBLE					
2 - SOUTH 3 - EAST	JAMES	D, MILEF 03 1, 110	03L π)	PK	l	82 474978 5-PROPERTY DAM					
REFERENCE POINT DIRECTION	ROUTE TYPE		ROAD TYPE	L. L.		INTERSECTION REL	ONLY				
1 - INTERSECTION FROM REFERENCE 1 - NORTH IR -	INTERSTATE ROUTE(TP)		HW - HIGHWAY	RD - ROAD	WITHIN INTERSECTION OR ON APPROACH						
3- HOUSE # 3- EAST	I EDERAL OS ROOTE	AV - AVENUE BL - BOULEVARD	LA - LANE MP - MILEPOST	SQ - SQUARE ST - STREET	WITHIN INTE	RCHANGE AREA	MUMBER OF APPROACHES				
	NUMBERED COUNTY ROUTE		OV - OVAL PK - PARKWAY	TE - TERRACE TL - TRAIL	ROADWAY						
1-MILES TR-	NUMBERED TOWNSHIP ROUTE	OR - DRIVE	PI - PIKE	WA - WAY	ROADWAY DIVIDED						
2 3-YARDS			PL - PLACE								
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER	1 - NO	ANNER OF CRASH OT COLLISION 4			DIRECTION OF TRAVE 1 - NORTH	Name of the same o	EDIAN TYPE DED FLUSH MEDIAN				
and the second s	DADE ODOCCINIC LA TI	VO MOTOR	- BACKING - ANGLE		2 - SOUTH	(<4)	FEET) DED FLUSH MEDIAN				
4 - ON ROADSIDE 12 - SHARED US 5 - ON GORE TRAILS	SE PATHS OR TH	RANSPORT 7	- SIDESWIPE, SAI		3 - EAST 4 - WEST	(≥4	FEET) DED, DEPRESSED MEDIAN				
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE	3 - HE		- SIDESWIPE, 0PI - OTHER / UNKNO			4 - DIVIE	DED, RAISED MEDIAN				
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER/UN	· · · · · · · · · · · · · · · · · · ·					(ANY TYPE) 9 - OTHER/UNKNOWN					
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION	OF CRASH IN W	ORK ZONE	CONTOUR	CONDITIONS	SURFACE				
	LANE CLOSURE LANE SHIFT/CROSSOVER		BEFORE THE 1ST WARNING SIGN	WORK ZONE	ONE 1 2						
	WORK ON SHOULDER OR MEDIAN	4 36	ADVANCE WARNI TRANSITION ARE		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - CONCRETE 2 - BLACKTOP,					
l — I	INTERMITTENT OR MOVING WO	CASO P	ACTIVITY AREA TERMINATION A	DFΛ	3 - CURVE LEVEL	BITUMINOUS, ASPHALT					
			TERMINATION A	NLA	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK				
LIGHT CONDITION 1 - Daylight	1 - CLEAR	6 - SNOW			9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL, STONE 4 - SLAG, GRAVEL,						
4 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMO	7 - SEVERE C		T. SNOW		6 - WATER (STANDII MOVING)	NG, 5 - DIRT				
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL		G RAIN OR FREE			7 - SLUSH	9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN	3 - SEEE, MALE	72 - OTHER	OITH TOWN			9 - OTHER/UNKNOW	N				
NARRATIVE			-				Indicate the north				
UNIT 3 WAS STOPPED AT A I 	RED SIGNAL.		=			7	an "N" on the compass diagram.				
UNIT 2 WAS STOPPED BEHI	ND UNIT 3.		_		ScenePD ™ - Evaluation Edition		-				
UNIT 1 STRUCK THE REAR O	F UNIT 2.		Evaluation Edition	Evaluation raluation Edition	Edition	Evaluation	on Edition				
				Evaluation	Evaluation Edition	Edition Edition					
UNIT 2 STRUCK THE REAR O	F UNIT 3.		Evaluation Edition	aluation Edition Evaluation Edition State Evaluation Edition Evaluation Evaluation							
			Evaluation Edition	raluation Edition	Evaluation Edition	Not To	Scale				
			Evaluation Edition		Evaluation Evaluation	Evaluation Edition	on Edition				
			Evaluation Edition	Evaluation Edition		CVp. Evaluation					
				5	Evaluation Edition	Evaluation Edition					
		Evaluation Edition	raluation Edition		Evaluation Edition	on Edition					
				Evaluation Edition	Evaluation Evaluation Edition		>				
			Evaluation Edition	I I I	Trancite (877) 908-4777						
SECURIO COM DE APRIL DE MERCONELLE PRODUCTIONES DE DESCRICO DE	DISPATCH DATE / TIME	CAPACIONAL	IVAL DATE / TIM		SCENE CLEARED	-300-042-400 REMBRAND	REPORT TAKEN BY POLICE AGENCY				
	52023 2039	U 9 Z 5 2			9252023	2127	MOTORIST				
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT			CHECKED BY OFFI Mart	CER'S NAME"	ŀ	SUPPLEMENT (CORRECTION OR ADDITION					
0, 6,0, 1,1		BADGE NUMBER*		0 CHECKED 7	OFFICER'S BADGE I	NUMBER*	TO AN EXISTING REPORT SENT TO ODPS)				

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

■ MOST HARMFUL EVENT

1

0F **6**

5

99 - OTHER / LINKNOWN

5

49 - FIRE HYDRANT

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

■ MOST HARMFUL EVENT

1

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0 2 3 - 0 0 0 1 0 7 8 7									
UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRT	Н		AGE	GENDER			
0 1 BURNS, VICTORIA MADOKA							1 2	/ 1	. 7 / 1	9	9 5	2 7	F			
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE															
830 LINWOOD AVE NEWARK, OH 43055																
2	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED _		-Compli			AIR BAG US	.		
5	ВУ							0 4		HELME	T 0 1		1 1 1			
OL STATE	OPERATOR L	ICENSE NUMBER			SE CHAF	RGED	CODE	OFFENSE DESC	SCRIPTION				CITATION NUMBER 215473			
O H	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRIV		333.03 X 333.03 ER ALCOHOL / DRUG SUSPECTED CONDITION			CONDITION	ALCOHOL TEST				DRUG TEST(S)			
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED	_	LCOHOL MAI		CONDITION	STATUS		VALUE	STA			LT SELECT UP TO 4	
4				1	0	THER DRUG		1	1	1	•	11	_1	L		
UNIT#	NAME: LAST, F	FIRST, MIDDLE									DATE OF BIRT	Н		AGE	GENDER	
0 2		AARIYANNA MARIE							0 4		0 6 / 2		0 7	1 6	_ _ F	
	STREET, CITY, ST								CONTA	CT PHO	NE - INCLUDE AI	REA CODE				
0		NEWARK, OH 43056 EMS AGENCY (NAME))	Імшрер	TAKENTO	. MEDICAL EACILITY	(114445 01710	SAFETY EQUIPMENT	T OF ATTIVO DOCUTION O				AIR BAG USAGE EJECTION TRAPPED			
NJORIES	TAKEN BY	EMS AGENCT (NAME)		INJUKED	USED				T DOT-COMPLIANT SEATING POSITIO				1 1 1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION				CITATION NUMBER			
E O H							CODE									
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted	ALC	DHOL / DRUG SUSP	ECTED	CONDITION	STATUS		OL TEST VALUE	I STA		RUG TEST(S) LT select up to 4	
4	SELECT OF 10 2		BY	_			RIJUANA	1	1	.1	VALUE	1		L	LI SELECTOFICA	
UNIT #	NAME: LAST, F	FIRST MIRRIE		1	LJ º	THER DRUG			ب		DATE OF BIRT			AGE	GENDER	
0 3	· ·	AVID JOHN							0 4) 6 / 1		6 2	6 1	M	
	: STREET, CITY, ST										NE - INCLUDE A				ــــــالــــــا	
2		WY HEBRON, OH 43	8025													
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)			-Compli	SEATING POS	SITION	AIR BAG US	AGE EJECTIO	N TRAPPED	
5	TAKEN BY							USED 0 4		HELME		<u>. </u>	1	11	_1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		'		CITATIO	N NUMBER	'	
E O H																
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION	STATUS		VALUE	STA		RUG TEST(YPE RESU	S) LT SELECT UP TO 4	
4				1		THER DRUG		1 1	1	1		_	L :	1		
	JRIES	SEATING POSITION		IR BAG		OL CLAS	S	OL RESTRIC		account bases	RIVER DIST			TEST ST		
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 OPER			NONE GIVEN TEST REFUSED		
	MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE			3 - CLASS C		3 - CORRECTIVE LE	NSES		ELECTRONIC CON DEVICE (TEXTING		TION 3.	TEST GIVEN, CO	NTAMINATED	
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOT APP		ONT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS	3_	DIALING) TALKING ON HAN	nc_EDEE	4 -	TEST GIVEN, RE		
	TAKEN BY	(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE	9 - DEPLOYI		OWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS			COMMUNICATION	DEVICE	5 -	TEST GIVEN, REUNKNOWN	ESULTS	
1 - NOT TRANSF	ORTED	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRACTO	R-TRAILER		TALKING ON HAN COMMUNICATION		A	LCOHOL TE	ST TYPE	
/TREATED A 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	IECTION CTED		OL ENDORSE	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 -	OTHER ACTIVITY ELECTRONIC DEV		1-	NONE		
3 - POLICE		8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE	2 - PARTIAL	LY EJECTED)	M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	TIMI		PASSENGER			BLOOD URINE		
9 - OTHER / UNI	KNOWN	10 - SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	'LIGHT ONL'		OTHER DISTRACT INSIDE THE VEHI			BREATH		
SAFETY E 1 - NONE USED	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	T	RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMI 12 - LIMITED - OTHE		8 -	OTHER DISTRACT THE VEHICLE	TON OUTS	SIDE 5-	OTHER		
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA			R - THREE-WHEEL MO S - SCHOOL BUS	OTORCYCLE	13 - MECHANICAL DI	EVICES	9 -	OTHER / UNKNOW	/N	1.	DRUG TES	Т ТҮРЕ	
3 - LAP BELT OF		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	TED BY	S	T - DOUBLE & TRIPLE		(SPECIAL BRAK CONTROLS, OR O	THER		CONDITI			BLOOD		
5 - CHILD RESTRAINT SYSTEM – CARGO AREA 3-		3 - FREED B	BY X - TANKER / HAZMAT ECHANICAL MEANS			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT			3 - URINE 4 - OTHER					
	6 - CHILD RESTRAINT SYSTEM = 14 - RIDING ON VEHICLE EXTERIOR			S. A HILONG IN		15 - MOTOR VEHIC AIR BRAKES							1 Office			
REAR FACIN 7 - BOOSTER SE	G	(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRRO			ILLNESS		No. of the last of	AMPHETAMINE		
8 - HELMET US		99 - OTHER / UNKNOWN						17 - PROSTHETIC AII 18 - OTHER)		FELL ASLEEP, FAI FATIGUED, ETC.	NTED,		BARBITURATES		
9 - PROTECTIVE (ELBOW, KN								10 VIIIEN		6-	UNDER THE INFLI			BENZODIAZEPI CANNABINOIDS		
10 - REFLECTIVE	E CLOTHING										/ALCOHOL			COCAINE	IDC	
11 - LIGHTING - / BICYCLE 0										9-	OTHER / UNKNOW	IN		OPIATES / OPIO OTHER	פחו	
99 - OTHER / UNKNOWN													8 - NEGATIVE RESULTS			

Ũ	OHIO DEF OF PUBLI SAFETY - SERVI	PUBLIS AFTERN OCCUPANT / WITNESS ADDENDUM							LOCAL REPO	ORT NUMBER	7 8	7			
	UNIT #	NAMECLAS	T FIRST MIDDLE		n.	ATE OF BIRTH		AGE	GENDER						
ı	03	NAME: LAST, FIRST, MIDDLE BEGY, DEBORAH LYNNE							6 / 1 9	6 2	6 1	F			
ANT	ADDRESS:	STREET, CITY,			CONTACT PHO	NE - INCLUDE AREA CO									
CCUPAN	169 AU	LD RIDG	E WY HEBRON, O	H 43025											
8	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIA	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	_5	ВУ					0 4	MC HELMET	0 3	1	1	_1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					D.	ATE OF BIRTH		AGE	GENDER			
Ļ	4000000								<u> </u>						
OCCUPAN	AUUKE55:	STREET, CITY,	STATE, ZIP					CONTACT PHO	NE - INCLUDE AREA CO	DE					
Ö	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
ı		TAKEN BY					USED	DOT-COMPLIA			. . ,	dr i			
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					D	ATE OF BIRTH		AGE	GENDER			
								CONTACT PHONE - INCLUDE AREA CODE							
PAN	ADDRESS:	STREET, CITY,	STATE, ZIP												
OCCUPAN															
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIA		AIR BAG USAGE	EJECTION	TRAPPED			
٥	UNIT #		T, FIRST, MIDDLE						ATE OF BIRTH		AGE	GENDER			
ı	UNII #	NAME: LAS	I, FIRSI, MIDDLE								AGE	GENDER			
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPAN										1 1					
0	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIA		AIR BAG USAGE	EJECTION	TRAPPED			
		BY						MC HELMET	r 	LL	نـــــا				
	1 - FATA		IRIES	1 - NONE US	FD.		SEATING POS T – LEFT SIDE	ITION	1 - NOT DE	AIR BAG U	SAGE				
					OCCUPANT	/ER) 2 - DEPLOYED FRO									
	3 - SUSI	PECTED MI	NOR INJURY		ER BELT ONLY USED	IT – MIDDLE IT – RIGHT SIDE	Ξ.	3 - DEPLO	3 - DEPLOYED SIDE						
	INJURED TAKEN BY FORWARD FA				4 - SECOND - LE					4 - DEPLOYED BOTH FRONT/SIDE					
					ESTRAINT SYSTEM -	ORCYCLE PASS ND – MIDDLE	ENGER)		5 - NOT APPLICABLE						
							ND - RIGHT SIL	DE	9 - DEPLO	9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED					
					ESTRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE	CAR)							
					SEAT		D – MIDDLE D – RIGHT SIDE		1 - NOT EJ						
	3 - POLICE 8 - HELMET						PER SECTION (LY EJECTED				
	(ELBOW,				IVE PADS USED KNEES, ETC.)		ENGER IN OTH O AREA (NON-TI			3 - TOTALLY EJECTED 4 - NOT APPLICABLE					
					IVE CLOTHING	PICK-UP WITH CAI) .	4-NOTAF	TRAPPED						
					G – PEDESTRIAN F ONLY	ENGER IN UNE 10 AREA	NCTOZED	1 - NOTTR	1 - NOTTRAPPED						
				99 - OTHER /			LING UNIT NG ON VEHICLE	EXTERIOR		2 - EXTRICATED BY MECHANI					
						(NON-	TRAILING UNIT)	EXTERIOR	MEANS	BY NON-ME	CHANIC	ΛI			
							MOTORIST R/UNKNOWN		MEANS		CHANIC	AL			
ľ	NAME: LAS	ST, FIRST, MIDD	LE					D	ATE OF BIRTH		AGE	GENDER			
WITNESS															
MIT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHO	NE - INCLUDE AREA CO	DE					
8	NAME: LAS	ST, FIRST, MIDD	LE					D	ATE OF BIRTH		AGE	GENDER			
ESS															
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHO	NE - INCLUDE AREA CO	DE.		•			
5	NAME		15						ATE OF BIRTH		105	OF WEST			
SS	NAME: LAS	ST, FIRST, MIDD	LE						ATE OF BIRTH	, , ,	AGE	GENDER			
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP						NE - INCLUDE AREA CO	DE		<u> </u>			
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