OFFICIAL SAFETY TRAFFIC CRASH R		CAL REPORT NUMBE							
PHOTOS TAKEN OH-2 OH-3	2023-	00000	709						
OH-1P OTHER R	eporting agency name* leath PD	0 4 5 0 7	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 2 1-SOLVED 0 2 98-ANIMAL 1 - SOLVED 0 2 98-ANIMAL						
COUNTY* LOCALITY* LOCATION: CITY, V	CRASH DATE / TIME* CRASH SEVERITY								
4 5 2 - VILLAGE HEATH	0,1192023, 1216 5 1- FATAL 2- SERIOUS INJURY								
2-SOUTH	OCATION ROAD NAME	ROAD TYPE	LATITUDE DECIM	CONTRACTOR AND A	SUSPECTED 3 - MINOR INJURY				
1 11 201	HEBRON	R D	4,0,0359	7 0 9	SUSPECTED				
2 - SOUTH	EFERENCE ROAD NAME (ROAD, MILEPOST, H	OUSE #) ROAD TYPE	LONGITUDE		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE				
	13		- 8, 433	<u>, , , , , , , , , , , , , , , , , , , </u>	ONLY				
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE 1 - NORTH IR - IN	ROUTE TYPE ITERSTATE ROUTE(TP) AL - ALLEY	ROAD TYPE HW - HIGHWAY RD - ROAD		ITERSECTION RELATI SECTION OR ON APPRO	100mp 1				
2 MILEDOST 2 COUTU	EDERAL US ROUTE AV - AVENUE BL - BOULEVARD	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
	4 - WEST SR - STATE ROUTE BL - BUDLEVARD MP - MILEPUST ST - STREE								
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NI	FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY								
1 4 3 2 2-FEET RI	OUTE HE - HEIGHTS	PL - PLACE	ROADWAY DIVII	JED					
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER	MANNER OF CRAS	H COLLISION/IMPACT	DIRECTION OF TRAVEL	Page 19 cond	AN TYPE				
9 9 2 - ON SHOULDER 10-DRIVEWAY/AL	LLEY ACCESS 9 BETWEEN TWO MOTOR	5 - BACKING	1 - NORTH , 2 - SOUTH	/ A FEET \					
4 - ON ROADSIDE 12-SHARED USE	VEHICLES IN	6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION	3 - EAST 4 - WEST	(≥4 FEE	915. TE				
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE		8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		4 - DIVIDED,	, DEPRESSED MEDIAN , RAISED MEDIAN				
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER / UNK				(ANY TYI 9 - OTHER/U					
	WORK ZONE TYPE LOCATIO	ON OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE				
WORK ZONE KEEATED 1-LA	NE CLOSURE 1	- BEFORE THE 1ST WORK ZONE WARNING SIGN	1,1,	, 1 ,	2				
3-W	JKK UN SHUULDEK	- ADVANCE WARNING AREA	1 - CONCRETE						
The state of the s	**************************************	- TRANSITION AREA - ACTIVITY AREA	/ITY AREA						
ACTIVE SCHOOL ZONE 5 - 0T	HER 5	- TERMINATION AREA		- SINOW I - ICE	ASPHALT 3 - BRICK/BLOCK				
LIGHT CONDITION	WEATHER		9 - OTHER/UNKNOWN 5	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL,				
1 - DAYLIGHT 1 2 - DAWN/DUSK	· · ·	CROSSWINDS	OSSWINDS 6-WATER (STANDING, 5-DIR						
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 8 - BLOWIN 4 - RAIN 9 - FREEZI	G SAND, SOIL, DIRT, SNOW NG RAIN OR FREEZING DRIZZLE							
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - OTHER	/ UNKNOWN	g	- OTHER/UNKNOWN					
NARRATIVE					Indicate the north				
Unit 2 was struck by unknown	Unit 1 on the rear			+++	direction with an "N" on the				
bumper.			ScenePD ™ - Evaluation Edition		compass diagram.				
		Evaluation Edition	Evaluation Edition n Edition						
		Evaluation Edition	Evaluation Edi	Evaluation Edition	tion				
		Evaluation Evaluation Edition Evaluation Edition	Evaluation Edition						
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Private Property ation Edition Evaluation Edition Edition Evaluation Edition Edition Evaluation Edition Edition Evaluation Edition Evaluation Edition Evaluation Edition Edition Evaluation Edition Edition Edition Evaluation Edition Editi									
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CDACU DEDODTED DATE (TVICE	CDATCH DATE / TIME		Trancite (877) 908-4777 SCENE CLEARED DA	TE /TIME	DEDORT TAKEN SV				
CRASH REPORTED DATE / TIME DI-	The second secon	RIVAL DATE / TIME 2023 1228 0		POST-YOU SERIESTAND	REPORT TAKEN BY POLICE AGENCY				
TOTAL TIME OTHER TOTAL	OFFICER'S NAME*	CHECKED BY OFFI			MOTORIST				
ROADWAY CLOSED INVESTIGATION TIME MINUTES		SUPPLEMENT (CORRECTION OR ADDITION							
2 0 4 5	OFFICER'S BADGE NUMBER	5 3 0 CHECKED 7	BY OFFICER'S BADGE NU - 1	IMBER*	TO AN EXISTING REPORT SENT TO ODPS)				

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0	2	3	- O	O O			9			
UNIT # 0 1								DATE OF BIRTH AGE GENDER									
ADDRESS	DDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE									
INJURIES	INJURED TAKEN BY	MS AGENCY (NAME) INJURED TAKEN TO			D: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 9 9		T-COMPL	TAAL	EATING POSI	TION AIR B	AG USAG	E EJECTIO	N TRAPPED		
ADDRESS ADDRESS INJURIES OL STATE	OPERATOR L	R LICENSE NUMBER OFFENSE			SE CHA	RGED	LOCAL CODE	OFFENSE DESC	ISE DESCRIPTION			CIT			FATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT					CONDITION	ALCOHOL TEST STATUS TYPE VALUE			STATUS	DRUG TEST(S) IS TYPE RESULT SELECT UP TO 4 1					
UNIT #	NAME: LAST, F	I L L L L L			١١٥	THER DRUG			1	1	J • L	OF BIRTH		1-	∟_∟ AGE	GENDER	
0 2	NAME: LASI, I	FIRST, MIDDLE									DAIL	OI BIKIII			AUL	GENDER	
	: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
ADDRESS INJURIES OL STATE	INJURED TAKEN	ED EMS AGENCY (NAME)			USED			SAFETY EQUIPMENT USED 9 9	NT DOT-COMPLIANT SEATING POSITION AND MC HELMET 5			TION AIR B	AIR BAG USAGE EJECTION TRAPPED				
OL STATE	OPERATOR L	R LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC					CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		OHOL / DRUG SUSPI	ECTED Rijuana	CONDITION	STATUS	ALCOH TYPE		EST VALUE	STATUS		JG TEST(S) LT SELECT UP TO 4	
			.		=	THER DRUG			1	1	」 -∟		_1_	1			
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDE							GENDER			
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE											
ADDRESS INJURIES OL STATE	INJURED TAKEN BY	D EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FA			D: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		DOT-COMPLIANT SEATING POSITION AIR BACK					E EJECTIO	TRAPPED		
OL STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHAR			RGED	LOCAL CODE	OFFENSE DESC	RIPTIO	N	CITA			ATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	RICTION SELECT UP TO 3 DRIVER DISTRAI		L L L		CONDITION	STATUS TYPE VALUE STATU			STATUS	DRUG TEST(S) US TYPE RESULT SELECT UP TO 4					
						THER DRUG			L		_ •_			ار			
	JRIES	SEATING POSITION		IR BAG		OL CLASS 1 - CLASS A	S	OL RESTRIC 1-ALCOHOL INTER				R DISTRA	CTION	9 800000000000	TEST ST	ATUS	
		2 - FRONT - MIDDLE			ONT / SIDE	2 - CLASS B 2 - CDL INTRAS 3 - CLASS C 3 - CORRECTIVE			ATE ONLY 2 - MANUALLY OPERATING ELECTRONIC COMMUNI DEVICE (TEXTING, TYPI DIALING)			IUNICATION TYPING,	AN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4-TEST GIVEN RESULTS KNOWN				
1 - NOT TRANSF					6 - NO VALID OL & CLASS B BUS 7 - EXCEPT TRACT			A COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COR-TRAILER COMMUNICATION DEVICE				EVICE HELD EVICE	5-TEST GIVEN, RESULTS UNKNOWN ALCOHOL TEST TYPE				
7 TREATED A 2 - EMS				ON OL ENDORSEMENT 8- INTERMEDIATE H - HAZMAT RESTRICTIONS								1 - NONE					
3 - POLICE 9 - OTHER / UNI	ZNOWN	8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED		M - MOTORCYCLE 9 - LEARNER'S PER P - PASSENGER RESTRICTIONS			RMIT 6 - PASSENGER 7 - OTHER DISTRACTION			ıN	2 - BLOOD 3 - URINE					
SAFETY E	QUIPMENT	10 - SLEEPER SECTION 4 - NOT APPLICABLE N-			N - TANKER Q - MOTOR SCOOTER		10 - LIMITED TO DAYLIGHT 11 - LIMITED TO EMPLOYM			T ONLY INSIDE THE VEHICLE			4-BREATH 5-OTHER				
1 - NONE USED 2 - SHOULDER E 3 - LAP BELT OF	BELT ONLY USED	ENCLOSED CARGO AREA			R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH S - SCHOOL BUS 13 - MECHANICAL D (SPECIAL BRAK T - DOUBLE & TRIPLETRAILERS CONTROLS OR A		EVICES 9 - OTHER / UNKNOWN ES, HAND				DRUG TEST TYPE 1 - NONE						
5 - CHILD REST	4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM—FORWARD FACING 13 - TRAILING UNIT 2 - PASSENGER IN UNENCLOSED CARGO AREA 3		3 - FREED B	CHANICAL MEANS X - TANKER / HA7MAT			CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY			CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT			2 - BLOOD 3 - URINE 4 - OTHER				
6 - CHILD REST	5 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			, and the second of the second			15 - MOTOR VEHICLE AIR BRAKES			3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			DRUG TEST RESULT(S)				
	7 - BOOSTER SEAT 15 - NON-MOTORIST						16 - OUTSIDE MIRRO 17 - PROSTHETIC AII			4- ILLNESS		1 - AMPHETAMINES 2 - BARBITURATES					
	3 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED						18 - OTHER			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			3 - BENZODIAZEPINES				
(ELBOW, KN	(ELBOW, KNEES, ETC.)							6-	6- UNDERTHE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			4 - CANNABINOIDS 5 - COCAINE					
11 - LIGHTING -	- LIGHTING - PEDESTRIAN								- OTHER / UNKNOWN 6 - OPIATES / OPIOIDS								
/ BICYCLE 0								7 - OTHER 8 - NEGATIVE RESULTS						ULTS			