OF PUBLIC SAFETY BAFETY - SERVICE - PROTECTION	RAFFIC C	5 I 1 8	PORT *DENOTE: CAL INFORMATION	S MANDATORY FIELD FOR SUPPL	EMENT REPORT	2023-	OCAL REPORT NUME							
PHOTOS TAKEN	OH-2 X	UH-3	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR											
SECONDARY CRAS	ROPERTY H	1 - SOLVED 0 2 98 - ANIMAL 99 - UNKNOWN												
COUNTY* LOCALITY	- CITY		LLAGE, TOWNSHIP*			CRASH DATE / TIME* CRASH SEVERITY								
3	- TOWNSHIP	EATH			Table and Constitution	10052023, 1631, 2 - SERIOUS INJURY								
ROUTE TYPE ROUTE N	2	- SOUTH	CATION ROAD NAME		ROAD TYPE	2. MINOR IN HIRV								
	4.	-WEST	IEBRON		RD	SUSPECTED								
ROUTE TYPE ROUTE N	2	- SOUTH		OAD, MILEPOST, HOUSE #)	ROAD TYPE									
REFERENCE POINT		-WEST PC	JTNAM	DOUB TWO	KU	-82 4 3 4 1 5 9 5- PROPERTY DAMAGE ONLY								
1 - INTERSECTIO	EDOM REFERENCE	TH IR - INT	ROUTE TYPE ERSTATE ROUTE(TP)	ROAD TYPE AL - ALLEY HW- HIGHWAY	RD - ROAD	WITHIN INTERSECTION OR ON APPROACH								
2 - MILE POST 3 - HOUSE #	2 2 - SOUT 3 - EAST	Г 00-122	DERAL US ROUTE	AV - AVENUE LA - LANE BL - BOULEVARD MP - MILEPOST	SQ - SQUARE ST - STREET	4								
DISTANCE	4 - WES		TE ROUTE MBERED COUNTY ROUTE	CR - CIRCLE OV - OVAL	TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY								
FROM REFERENCE	UNIT OF MEASUR 1 - MILE	ES TR-NUI	MBERED TOWNSHIP	CT - COURT PK - PARKWAY DR - DRIVE PI - PIKE	TL - TRAIL WA - WAY									
4 0	3 2-FEET 3-YARD			ROADWAY DIVIDED										
1	ON OF FIRST HARM			MANNER OF CRASH COLLISION/I		DIRECTION OF TRAVE	OUT NEWSFILM	DIAN TYPE						
1 - ON ROADW 0 1 2 - ON SHOUL		ROSSOVER DRIVEWAY/ALL	EV ACCESS -	NOT COLLISION 4 - REAR-TO-RE. BETWEEN 5 - BACKING TWO MOTOR	чк	1 - NORTH	4 1 - DIVIDE	ED FLUSH MEDIAN EET)						
3 - IN MEDIAN 4 - ON ROADS		RAILWAY GRAD SHARED USE PA	SAME DIRECTION	3 - EAST	2 - DIVIDE (≥4 FE	ED FLUSH MEDIAN EET)								
5 - ON GORE	Ī	RAILS BIKE LANE	2 -	REAR-END 8-SIDESWIPE,	OPPOSITE DIRECTION	4 - WEST 3 - DIVIDED, DEPRESSED MEI 4 - DIVIDED, RAISED MEDIAN								
6 - OUTSIDE T 7 - ON RAMP	14-1	OLL BOOTH		HEAD-ON 9-OTHER/UNK	NOWN		(ANY TYPE) 9 - OTHER/UNKNOWN							
8 - OFF RAMP	99-0	THER/UNKNO	DWN											
WORK ZONE RELA	ATED		ORK ZONE TYPE IE CLOSURE	LOCATION OF CRASH IN 1 - BEFORE THE 1		CONTOUR	CONDITIONS 1	SURFACE 2						
WORKERS PRESE	ENT	2 - LAN	E SHIFT/CROSSOVER	WARNING SIG 2 - ADVANCE WAR		1 - STRAIGHT LEVEL		1 - CONCRETE						
LAW ENFORCEME	ENT PRESENT L	OR N	RK ON SHOULDER MEDIAN	3-TRANSITION A	REA	2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP,								
ACTIVE SCHOOL 2	ZONE	4 - INTI 5 - OTH	ERMITTENT OR MOVING W ER	ORK 4 - ACTIVITY ARE 5 - TERMINATION		3 - CURVE LEVEL 3 - SNOW BITUMINOUS, ASPHALT								
LIGHT	CONDITION		WE	ATHER	0000000	4 - CURVE GRADE	3 - BKICKOLUCK							
1 - DAYLIGHT	OUNDITION		1 - CLEAR	6 - SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, GRAVE STONE								
2 - DAWN/DUS	K GHTED ROADWAY	[6	2 - CLOUDY 3 - FOG. SMOG. SM	7 - SEVERE CROSSWINDS OKE 8 - BLOWING SAND, SOIL, D	IRT. SNOW	6 - WATER (STANDING, MOVING) 5 - DIRT								
4 - DARK – ROA	ADWAY NOT LIGHTE	100.00	4 - RAIN	9 - FREEZING RAIN OR FRE			7 - SLUSH	9 - OTHER/UNKNOWN						
9 - OTHER / UN	KNOWN ROADWAY I IKNOWN	LIGHTING	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN							
NARRATIVE								N Indicate the north						
UNIT 1 WAS	TRAVELIN	G NORT	HBOUND ON S	SR				direction with an "N" on the						
			ATED LEFT TU			ScenePD ™ - Evaluation Edition		compass diagram.						
			RADIAN DR. UI		Evaluation Evaluation	Evaluation Edition in Edition								
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				Evaluation Editio	Evaluation Edition	ก	Evaluation Evaluation Edition	Edition						
				Evaluation Edition	Evaluation	Evaluation Evaluation Edition in Edition	Edition							
			Trancite (877) 908-4777											
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME 10052023 1631 10052023 1639 1							DATE/TIME	REPORT TAKEN BY POLICE AGENCY						
10052023				4 10052023		005202	3 1707	MOTORIST						
TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES RAMAGE CHECKED MARK CHECKED MA						ICER'S NAME*		SUPPLEMENT						
				BADGE NUMBER*		BY OFFICER'S BADGE		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)						
		3 6	0 7 -	1 3 1	0 7	- 1	4 7							

99 - OTHER / LINKNOWN

3

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

OR SUPPORT

■ MOST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

1

49 - FIRE HYDRANT

48 - TREE

49 - FIRE HYDRANT

99 - OTHER / LINKNOWN

OR SUPPORT

■ MOST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

1

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

3 - UNDETERMINED

POSTED SPEED

3

OHIO DEF OF PUBLI SAFETY - SERVI	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0 2 3 - 0 0 0 1 1 1 7 0										
UNIT #										D	ATE OF	BIRTH			AGE	GENDER		
01	ANDREW, MARILYN BAUCKE								1 2 / 1 6 / 1 9 5 2 7 0 F									
₽	RESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE																	
S IN HIDTES	W ELM ST GRANVILLE, OH 43023 RIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN											SEATU	NG POSITIO	N AIR BAG	HEACE	EJECTION	TRAPPED	
NON 5	TAKEN BY	AKEN				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED 0 ,4					T-COMPLIA HELME	NT	. 1	1	USAUL	1	. 1	
OL STATE	<u> </u>				SE CHAF	RGED	LOCAL	L		<u> </u>					CITATION NUMBER			
INJURIES OL STATE O H					CODE													
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		OHOL / DRUG SUSPI		CON	IDITION	STATUS		VAL		STATUS	DRUG Type	TEST(S) RESULT	SELECT UP TO 4	
. 4		0,3,,,,,	BY	1 ALCOHOL MAF		RIJUANA	1		.1 .	1 .				1				
UNIT #	NAME: LAST, F									D	ATE OF	BIRTH			AGE	GENDER		
0 2	CRUTCHE	TIELD, JACKSON DAF	RRELL							1 0	/ 0	5 ,	/	0 0 6	1	7	М	
ADDRESS:	STREET, CITY, ST	ATE, ZIP								CONTA	CT PHO	NE - INCL	UDE AREA C	ODE				
1917 SI	UNSET DR	NEW CONCORD, OH	43762															
INJURIES	TAKEN							USED	EQUIPMENT	DOT-COMPLIANT				N AIR BAG	USAGE	EJECTION	TRAPPED	
5 OL STATE	BY OPERATOR LICENSE NUMBER			OFFENCE CHARCED LOCAL OF					0 4					CITATION NUMBER				
ADDRESS: 1917 SI 1917 SI INJURIES OL STATE O H	OF ERMIUR L	TOLIGE HOWIDER		OFFENSE CHARGED LOCAL CODE				OFFENSE DESCRIPTION			•			GIIAI	ATION NOWIBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER	ALC	OHOL / DRUG SUSPI	ECTED	CON	IDITION	STATUS		L TEST		STATUS	DRUG TYPE	TEST(S	SELECT UP TO 4	
4	SELECT OF 10 2		BY	TRACTED 1	=		RIJUANA	١,	ı	1	1	VAL		1	1	KESOLI	SELECT OF TO 4	
UNIT #	NAME. LAST FIRST MIDDLE			1 OTHER DRUG						DATE OF BIRTH					_	AGE	GENDER	
ONII #	T # NAME: LAST, FIRST, MIDDLE									DATE OF DIRTH AGE GENUER								
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE								
10 12										ļ. ,	1	ī	1	1 1	1	1	1 1	
ADDRESS:	INJURED I	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY	EQUIPMENT	[D01	T-Complia	SEATI	NG POSITIO	N AIR BAG	USAGE	EJECTION	TRAPPED	
	BY							L			LINC HELMET			1				
OL STATE	OPERATOR L	ICENSE NUMBER				CODE	OFFE	NSE DESC	RIPTION			CITAT	CITATION NUMBER					
OL CLASS	L CLASS ENDORSEMENT RESTRICTION SELECTION		UPTO 3 DRI	IVER ALCOHOL / DRUG SU		OHOL / DRUG SUSPI	ECTED COM		CONDITION		ALCOHOL TEST			DRUG TEST(S)				
	SELECT UP TO 2		BA DIS.	ISTRACTED -		LCOHOL MAI	_				STATUS TYPE VALUE			STATUS TYPE RESU			SELECT UP TO 4	
					0	THER DRUG						• 📖						
1 - FATAL	IRIES	1 - FRONT - LEFT SIDE		AIR BAG OL CLASS 1-NOT DEPLOYED 1-CLASS A				OL RESTRICTION(S) 1-ALCOHOL INTERLOCK DEVICE				DRIVER DISTRACTION 1 - NOT DISTRACTED			1 - NONE GIVEN			
	SERIOUS INJURY	SERIOUS INJURY (MOTORCYCLE DRIVER)		2 - DEPLOYED FRONT 2			2 - CDL INTRASTAT			ELECTRONIC CO				MUNICATION				
3 - SUSPECTED 4 - POSSIBLE IN	ECTED MINOR INJURY 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE					3 - CLASS C 4 - REGULAR CLASS	3 - CORRECTIVE LE R CLASS 4 - FARM WAIVER							ING, TYPING, 3 - TEST GIVEN, CO SAMPLE / UNU				
	- NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE (OHIO = D)			(0HI0 = D)	5 - EXCEPT CLASS			A BUS 3 - TALKING ON HAND								
INJURED	URED TAKEN BY 5 - SECOND - MIDDLE		9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY 6 - NO VALID OL				6 - EXCEPT CLASS A & CLASS B BUS			COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD				5-TEST GIVEN, RESULTS UNKNOWN				
1 - NOT TRANSP	TRANSPORTED 6 - SECOND – RIGHT SIDE EATED AT SCENE 7 - THIRD – LEFT SIDE		EJECTION OL ENDORSEMENT				7 - EXCEPT TRACTOR-TRAILE 8 - INTERMEDIATE LICENSE							ALCOHOL TEST TYPE				
2 - EMS	(MOTODOVOLE CIDE CAD)		1 - NOT EJECTED H - HAZMAT				8 - INTERMEDIATE LI RESTRICTIONS			ELECTRONIC DEVICE			1 - NONE 2 - BLOOD					
3 - POLICE	POLICE 8-1 HIND - MIDDLE OTHER / UNKNOWN 9-THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED M - MOTORCYCL 3 - TOTALLY EJECTED P - PASSENGER			M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS						3 - URINE				
	10 - SLEEPER SECTION					N - TANKER	N-TANKER 10-LIMITED TO			AYLIGHT ONLY INSIDE THE			EVEHICLE	ICLE 4 - BREATH				
1 - NONE USED	11 DACCENCED IN OTHER			Q - MOTOR SCOOTER TRAPPED R - THREE-WHEEL MOTORCYCLE			11 - LIMITED TO EMP 12 - LIMITED - OTHE		R THE VEHICLE			LE	0019IDE					
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, B - LAP BELT ONLY USED PICK-UP WITH CAP)		1 - NOTTRAPPED S - 2 - EXTRICATED BY T - MECHANICAL MEANS X -			S - SCHOOL BUS	13 - MECHANICAL DE (SPECIAL BRAKE CONTROLS, OR O' ADAPTIVE DEVIO			9-	9 - OTHER / UNKNOWN			DRUG TEST TYPE 1-NONE				
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA					T - DOUBLE & TRIPLE X - TANKER / HAZMAT				1 -	CONDITION 1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE				
	FORWARD FACING 13 - TRAILING		3 - FREED BY NON-MECHANICAL MEANS		EANS			14 - MILITARY VEHIC		CLES ONLY 2		2 - PHYSICAL IMPAIRMENT			4 - OTHER			
6 - CHILD REST	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE E. (NON-TRAILING UNIT)		OR				15 - MOTOR VEHICLE AIR BRAKES 16 - OUTSIDE MIRRO 17 - PROSTHETIC AID		R 4-		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4- ILLNESS 5- FELL ASLEEP, FAINTED,			DRUG TEST RESULT(S)				
	7 - BOOSTER SEAT 15 - NON-MOTORIST													1 - AMPHETAMINES				
	8 - HELMET USED 99 - OTHER / UNKNOWN						18 - OTHER			FATIGUED, ETC.				2 - BARBITURATES 3 - BENZODIAZEPINES				
(ELBOW, KNE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									6- UNDER THE INFLUENC OF MEDICATIONS / DRI				4 CANNARINGIDS				
10 - REFLECTIVE 11 - LIGHTING - F										/ALCOHOL 9- OTHER/UNKNOWN				6 - OPIATES / OPIOIDS				
	/ BICYCLE ONLY OTHER / UNKNOWN															7 - OTHER 8 - NEGATIVE RESULTS		
													8 - NEGATIVE RESULTS					