OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MA	ANDATORY FIELD FOR SUPPL	EMENT REPORT	2023-	OCAL REPORT NUMBER OOO111						
PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR										
The second secon	REPORTING AGENCY NAME* Heath PD	(NCIC* 0 4 5 0 7	1 - SOLVED	2 98 - ANIMAL 99 - UNKNOWN						
COUNTY* LOCALITY* 1-CITY LOCATION: CITY	CRASH DATE / TIME* CRASH SEVERITY										
4,5 1 2-VILLAGE HEATH	10092023, 1132, 2 - SERIOUS INJURY										
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE	SUSPECTED MINOR INJURY						
	PUTNAM		RD	40,034	200	SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE			INJURY POSSIBLE PROPERTY DAMAGE					
	Hebron	e va signa.	R D	-82,434	710	ONLY					
T-WOKITI	ROUTE TYPE INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW - HIGHWAY	l —	INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH							
3 - HOUSE # 3 - EAST	PI	- AVENUE LA - LANE - BOULEVARD MP - MILEPOST									
DISTANCE DISTANCE CR -	NUMBERED COUNTY ROUTE CR	- CIRCLE OV - OVAL	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY								
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR -	NUMBERED TOWNSHIP DR	- COURT PK - PARKWAY - DRIVE PI - PIKE	TL - TRAIL WA - WAY								
2 0 0 2 2-FEET 3-YARDS	ROUTE	- HEIGHTS PL - PLACE		ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER		NER OF CRASH COLLISION/IN COLLISION 4 - REAR-TO-RE		DIRECTION OF TRAVE	Name of the Control o	7000-00-00 70-00					
0 1 2 - ON SHOULDER 10 - DRIVEWAY.	ALLEY ACCESS 6 BET	WEEN 5-BACKING	20.0	(<4 FEET	DIVIDED FLUSH MEDIAN (<4 FEET)						
4 - ON ROADSIDE 12-SHARED US		ICLES IN 6-ANGLE NSPORT 7-SIDESWIPE,	SAME DIRECTION	LUSH MEDIAN)							
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REA 3 - HEA	*	OPPOSITE DIRECTION NOWN	4 - WEST 3 - DIVIDED, DEPRESSED MEDIA 4 - DIVIDED, RAISED MEDIAN							
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER/UN	· ·				(ANY TYPE) 9 - OTHER/UNKNOWN						
	WORK ZONE TYPE	LOCATION OF CRASH IN	WORK ZONE	CONTOUR	CONDITIONS	SURFACE					
	LANE CLOSURE	1 - BEFORE THE 1 WARNING SIG	ST WORK ZONE	1 ,1 ,	1 ,	2					
3-	LANE SHIFT/CROSSOVER WORK ON SHOULDER	2 - ADVANCE WAR	RNING AREA	1 - STRAIGHT LEVEL	1 - DRY 1 - CONCRETE						
	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION A 4 - ACTIVITY ARE		2-STRAIGHT GRADE 2-WET							
ACTIVE SCHOOL ZONE 5 -	OTHER	5 - TERMINATION	AREA	A CURVE CRADE A TOE							
LIGHT CONDITION	WEATH			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE					
1 - DAYLIGHT 1 2 - DAWN/DUSK	1 - CLEAR 01 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS	OSSWINDS 6 - WATER (STANDING,								
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 4 - RAIN	8 - BLOWING SAND, SOIL, E 9 - FREEZING RAIN OR FRE	SAND, SOIL, DIRT, SNOW RAIN OR FREEZING DRIZZLE 7 - SLUSH								
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN	JNKNOWN 9 - OTHER/UNKNOWN								
NARRATIVE						Indicate the north					
UNIT #1 WAS TRAVELING EA	AST ON PUTNAM R	OAD.			+++	direction with an "N" on the					
UNIT #2 WAS TURNING LEF	T ONTO EASTBOUN	ID		ScenePD ™ - Evaluation Edition		compass diagram.					
	PUTNAM ROAD FROM A PRIVATE DRIVE. UNIT #2										
STRUCK UNIT #1.		Evaluation Editio	n	Evaluation	Evaluation Edition Evaluation Edition	=					
		Evaluation Edition	Evaluation Evaluation Edition	Evaluation Edition							
		_	INOP Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition								
		Evaluation Ec	Evaluation Edition Evaluation Edition Evaluation Edition								
		_	Evaluatio	on Edition Evaluation	Evaluation Edition Edition	-					
		Evaluation Editio	Evaluation Edition	Sundanation Edition							
			Evaluation Edition								
		Evaluation Editio		PUTNAM ROAD Evaluation	Evaluation Edition Evaluation Edition						
		Evaluation Edition	Evaluation Evaluation Edition	Evaluation Edition							
ODACH DEPORTED DATE (TV-	DICPATOU DATE (TIME	<u> </u>		Trancite (877) 908-4777	DATE / TIME -	EDODT TAKEN SY					
AND AND COLOR OF THE AND	DISPATCH DATE / TIME 92023 1217	ARRIVAL DATE / T.	W0.00 V	SCENE CLEARED . 0 0 9 2 0 2 3		POLICE AGENCY					
TOTAL TIME OTHER TOTAL			CHECKED BY OFF			MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINUT			Smart			SUPPLEMENT (CORRECTION OR ADDITION					
	O 7 -	DGE NUMBER* 1 3 0	O CHECKED	BY OFFICER'S BADGE I	NUMBER*	TO AN EXISTING REPORT SENT TO ODPS)					

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

99 - OTHER / LINKNOWN

2

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

BARRIER

1

36 - MEDIAN OTHER BARRIER

OR SUPPORT

■ MOST HARMFUL EVENT

49 - FIRE HYDRANT

OHIO DEI OF PUBLI SAFETY - SERV	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST						2 0 2 3 - 0 0 0 1 1 3 1 4										
UNIT #	NAME: LAST, FIRST, MIDDLE WILSON, KELSEY LYNN S: STREET, CITY, STATE, ZIP							DATE (OF BIRTH			AGE	GENDER				
0 1						0 1			__ / __ 1		9 6	2 7	F				
E .) F HEATH, OH 43056	5						CONTA	ACT PH	ONE - II	NCLUDE ARE	A CODE				
-		EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT			SE	ATING POSIT	ION AI	IR BAG USA	GE EJECTIO	N TRAPPED	
INJURIES 5	TAKEN BY	EWIS AGENUT (NAME)			TAKEN TO	. INCOIONE I NOICII I	(WAME, OL) 17	USED 0 4		T-COMPL HELM	TANT	0 1	AI AI	1	1	1	
OL STATE	OPERATOR L	OPERATOR LICENSE NUMBER			SE CHAF	RGED	LOCAL	OFFENSE DESC					CITATION NUMBER				
В о н						CODE											
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	VER TRACTED		OHOL / DRUG SUSP		CONDITION	STATUS	ALCOH TYPE		ST VALUE	STAT		PE RESU	S) LT select up to 4	
. 4			BY	1	=	LCOHOL MAI THER DRUG	RIJUANA	1 1	, 1	1			1	1			
UNIT #	NAME: LAST, F	AST, FIRST, MIDDLE							DATE OF BIRTH				J		AGE	GENDER	
0 2	HILL, GAIL ESMOND								0 1 / 1 4 / 1 9 3 7 8 6 M								
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
660 KA	REN RD N	EWARK, OH 43055															
2	TAKEN	EMS AGENCY (NAME)					SAFETY EQUIPMENT		T-Compl	IANT	ATING POSIT	TON AI	IR BAG USA				
5	BY							0 4	MC HELMET 0 1			_ _	1 1 1				
OL STATE	OPERATOR L	OR LICENSE NUMBER			OFFENSE CHARGED LOCAL OFFENSE			OFFENSE DESC	SE DESCRIPTION			cr			CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRIV	VER	ALCO	OHOL / DRUG SUSP	ECTED	CONDITION		ALCOH	OL TE				RUG TEST(
	SELECT UP TO 2		DIST BY	TRACTED	П АІ	LCOHOL MA	RIJUANA			TYPE	'	VALUE	STAT			LT SELECT UP TO 4	
_4				1	0	THER DRUG		1	1	1	. ∟		1	1	<u> </u>		
UNIT #	F# NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GE						GENDER			
Annerse.	STREET, CITY, ST	ATE 7ID							CONT	ACT DU		NCLUDE ARE					
OTORIS B	. 31KEE1, 611 1, 31	A1 L, 21F							CONT	ACIPH	UNE - II	NCLUDE ARE	A CODE				
NJURIES		EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SE	ATING POSIT	TON AI	IR BAG USA	GE EJECTIO	N TRAPPED	
NON	TAKEN BY		USED			USED		T-COMPL HELM									
OL STATE	OPERATOR L	PERATOR LICENSE NUMBER		OFFENSE CHARGED LOCAL CODE		OFFENSE DESC	CRIPTION				C	CITATION NUMBER					
≥ OL CLASS	CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 SELECT UP TO 2			VER Fracted		DHOL / DRUG SUSPI LCOHOL MAI	E CTED RIJUANA	CONDITION		ALCOH TYPE		ST VALUE	STAT		PE RESU	S) LT select up to 4	
					=	THER DRUG	MOUNIA	l, ,	l,	, ,		1 1	, ,			11 11	
	RIES	SEATING POSITION	A	IR BAG		OL CLAS	S	OL RESTRIC	TION(S) [RIVE	RDISTRA	CTIO	N	TEST ST	ATUS	
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE				1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY			1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN			1 - NONE GIVEN 2 - TEST REFUSED				
3 - SUSPECTED	MINOR INJURY 2 - FRONT - MIDDLE 3 - DEPLOYE		ED SIDE 3 - CLASS C			3 - CORRECTIVE LENSES			ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,			ION 3-	ON 3-TEST GIVEN, CONTAMINATED				
4 - POSSIBLE IN 5 - NO APPAREN	A SECOND LEET SIDE		ED BOTH FRONT / SIDE 4 - REGULAR CLASS LICABLE (OHIO = D)			4 - FARM WAIVER 5 - EXCEPT CLASS A BUS			DIALING) 3 - TALKING ON HANDS-FREE				SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN				
	(MOTORCYCLE PASSENGER) 9 - DEPLOYI		MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCE			6 - EXCEPT CLASS	S - EXCEPT CLASS A			COMMUNICATION DEVICE			5 - TEST GIVEN, RESULTS UNKNOWN				
1 - NOTTRANSP	TTRANSPORTED 6 - SECOND - RIGHT SIDE		6 - NO VALID OL & CLASS B BU 7 - EXCEPTTRAC			TOR-TRAILER COMMUNICATION E LICENSE 5 - OTHER ACTIVIT				HELD			ST TYPE				
/TREATED AT 2 - EMS	(MOTODCYCLE CIDE CAD)		IECTION OL ENDORSEMENT 8- INTERMEDIAT CTED H - HAZMAT RESTRICTION							ITH AN I NONE							
3 - POLICE	0 THIRD MIDDLE		LY EJECTED M - MOTORCYCLE 9 - LEARNE			9 - LEARNER'S PER	R'S PERMIT 6 - PA			6 - PASSENGER 2 - BLOOD 7 OTHER DISTRACTION 3 - URINE							
9 - OTHER / UNK	10 - SLEEPER SECTION 4 - NOT APP		EJECTED F - PASSENGER			RESTRICTIONS 10 - LIMITED TO DAY	TO DAYLIGHT ONLY INSIDET			THE VEHICL	ISTRACTION						
SAFETY E 1 - NONE USED	SAFETY EQUIPMENT OF TRUCK CAB		Q - MOTOR SCOOTER 11 - LIMITED TO EM			THE VEHICLE			N OUTSI	UTSIDE 5-OTHER							
	- NONE USED ENCLOSED CARGO AREA - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRA		PPED S - SCHOOL BUS 13 - MECHANICAL D			EVICES 9 - OTHER / UNKNOWN				DRUG TEST TYPE 1 - NONE							
	- LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA		KTED BY T - DOUBLE & TRIPLE TRAILERS CONTROLS			CONTROLS, OR C	0,0110111211			ONDITIO							
5 - CHILD RESTI	5 - CHILD RESTRAINT SYSTEM – CARGO AREA 3 - F		3 - FREED B	REED BY ON-MECHANICAL MEANS			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY			1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT				3 - URINE 4 - OTHER			
6 - CHILD REST	6 - CHILD RESTRAINT SYSTEM = 14 - RIDING ON VEHICLE EXTERIOR						15 - MOTOR VEHICLES WITHOUT AIR BRAKES		_	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)), <u> </u>	DRUG TEST RESULT(S)			
	REAR FACING (NON-TRAILING UNIT)						16 - OUTSIDE MIRROR			4- ILLNESS				1-AMPHETAMINES			
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN						17 - PROSTHETIC AID 18 - OTHER			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.				2 - BARBITURATES			
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						10-UINEK			6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS				3 - BENZODIAZEPINES 4 - CANNABINOIDS			
10 - REFLECTIVE	0 - REFLECTIVE CLOTHING									/ ALCOHOL				5 - COCAINE 6 - OPIATES / OPIOIDS			
	- LIGHTING - PEDESTRIAN / BICYCLE ONLY P- OTHER / UNKNOWN								9- OTHER / UNKNOWN					7 - OTHER			
99 - OTHER / UNK													8-	8 - NEGATIVE RESULTS			