OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MA	NDATORY FIELD FOR SUPPLEME	ENT REPORT	2023-	OCAL REPORT NUMBER					
PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR								
SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME*  Heath PD	0 4	507	1 - SOLVED	0 1 0	Annual St. March Company				
COUNTY* LOCALITY* LOCATION: CIT 1 - CITY		CRASH DATE / TIME*  CRASH SEVERITY  1 - FATAL								
3 - TOWNSHIP	10122023, 1136  LATITUDE DECIMAL DEGREES  1 - FATAL 2 - SERIOUS INJURY SUSPECTED									
ROUTE TYPE ROUTE NUMBER PREFIX 1-NURIH 2-SOUTH 3-EAST 4 WEST	PARTRIDGE		ROAD TYPE	2 MINORINI						
	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES  3- MINUR INJUI SUSPECTED 4- INJURY POSS							
2 - SOUTH 3 - EAST	ANDOVER	MILLI 031, 11003L #)	R D	-82 <sub>.</sub> 439		PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE		INTERSECTION RELATED						
2 MILE POST 2 COUTU			D - ROAD Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH						
3- HOUSE # 3- EAST	- STATE ROUTE	- BOULEVARD MP - MILEPOST S	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT		E - TERRACE L - TRAIL	ROADWAY						
1 7 6 2 2-FEET	NUMBERED TOWNSHIP DR	VA - WAY	ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVEN		- HEIGHTS PL - PLACE  NER OF CRASH COLLISION/IMPA	eT.							
1 - ON ROADWAY 9 - CROSSOVE	R 1-NOT	COLLISION 4 - REAR-TO-REAR		DIRECTION OF TRAVEL MEDIAN TYPE  1 - NORTH 1 - DIVIDED FLUSH ME						
The second secon	TWO	MOTOR 5-BACKING MOTOR 6-ANGLE		2 - SOUTH 3 - EAST	( < 4 FEET 2 - DIVIDED FI	USH MEDIAN				
4 - ON ROADSIDE 12-SHARED U 5 - ON GORE TRAILS		NSPORT 7 - SIDESWIPE, SAME		4-WEST	(≥4 FEET 3 - DIVIDED, D	) EPRESSED MEDIAN				
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE	3 - HEAI	*		4 - DIVIDED, RAISED MEDIAI (ANY TYPE)						
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER/UI	· ·				KNOWN					
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE				
	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST V WARNING SIGN	VORK ZONE	1	1	_2				
<del>                                    </del>	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNIN  3 - TRANSITION AREA	manufacture of	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE				
	INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE   2 - WET						
ACTIVE SCHOOL ZONE 5.	OTHER	5 - TERMINATION ARE	-A	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK				
<b>LIGHT CONDITION</b> 1 - DAYLIGHT	1 - CLEAR	ER 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE				
1 2 - DAWN/DUSK	.01 2 - CLOUDY	7 - SEVERE CROSSWINDS	6 - WATER (STANDING, 5 - D							
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	8 - BLOWING SAND, SOIL, DIRT, 9 - FREEZING RAIN OR FREEZI	RAIN OR FREEZING DRIZZLE 7-SLUSH 9			9 - OTHER/UNKNOWN				
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER/UNKNOWN			9 - OTHER/UNKNOWN					
NARRATIVE			L L		No.	Indicate the north				
Unit 1 was traveling north o	_	The I				direction with an "N" on the compass diagram.				
drove off the right side of th				ScenePD ™ - Evaluation Edition		Compass diagram.				
traffic sign post and a utility	pole.	Evaluation Edition	Evaluation ation Edition	Evaluation Edition Edition	1					
		Evaluation Edition		N Evaluation Edition	Evaluation Edition Edition					
		Evaluation Edition	Evaluation Edition							
		_		Evaluation Edition	Evaluation Edition Edition	-				
-		Evalu Evaluation Edition	Evaluation ation Edition	EGINON	Evaluation Edition	:=				
Evaluation Edition  Evaluation Edition										
		ation Edition	tridge	Evaluation Edition						
Evaluation Edition  Evaluation Edition  Evaluation Edition										
Evaluation Edition										
		Evaluation Edition	Evaluation ation Edition	Evaluation Edition Edition	1					
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY										
10122023 1136 10122023 1149 10122023 1159 10122023 1236 POLICE										
TOTAL TIME OTHER TOTAL OFFICER'S NAME*  CHECKED BY OFFICER'S NAME*										
ROADWAY CLOSED INVESTIGATION TIME MINU	APPIARA E		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)							
4,7,4,7	0 7 -		O 7	or officer's badge N	4 7	ENGLING REPORT SERT TO UUPS)				

53 - TUNNEL

54 - OTHER FIXED OBJECT

99 - OTHER / LINKNOWN

POSTED SPEED

2

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

1 29 - BRIDGE RAIL

40 - UTILITY POLE

41 - OTHER POST, POLE

OR SUPPORT

■ MOST HARMFUL EVENT

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

BARRIER

47 - MAILBOX

49 - FIRE HYDRANT

48 - TREE

3 - UNDETERMINED

OHIO DEI OF PUBLI SAFETY - SERV	OHIO DEPARTMENT MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST					2 0 2 3 - 0 0 0 1 1 4 2 4										
UNIT # NAME: LAST, FIRST, MIDDLE								ATE OF BIRTH		T	AGE	GENDER				
0 1 BOGGS, HOLLY LYNN						0 9	/ 0	1 / 1	9 8 4	_3	9	F				
ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE																
115 ANDOVER RD APT B RD APT. B HEATH, OH 43056  INJURIES INJURED   EMS AGENCY (NAME)   INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   SAFETY EQUIPMENT   SEATING POSITION   AIR BAG USAGE   EJECTION   T											TRAPPED					
NON 5	TAKEN			INJURED	NJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT  USED  O .4 .			DOT-	COMPLIA HELME	NT	1	USAGE	EJECTION 1	1 1		
OL STATE				OFFENS	DFFENSE CHARGED LOCAL OFFENSE DESC						CITAT	CITATION NUMBER				
Ео_н_	н			331.3	331.34 CODE ALL OTH			ALL OTHER	OFFENSES			1451	145101223001			
OL CLASS	ENDORSEMENT SELECT UP TO 2			IVER ALCOHOL / DRUG SUSPECTED ITRACTED ALCOHOL MARIJUANA			CONDITION	ALCOHOL TEST STATUS TYPE VAI		VALUE	STATUS	DRUG TEST(S) TYPE   RESULT SELECT UP TO 4				
. 4			BY	1	=	LCOHOL   MAF THER DRUG	RIJUANA	1 1	1 .	1 .		1	1			
UNIT #	NAME: LAST, I	FIRST, MIDDLE			<u> </u>					0	ATE OF BIRTH		T	AGE	GENDER	
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
INJURIES ADDRESS:				_												
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED T	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT			ON AIR BAG USAGE EJECTION TRAPPE			TRAPPED	
		TCENSE NUMBED		OFFENS	E CHAI	OCED	LOCAL	OFFENSE DESC	MC HELMET		<u>'</u>			JMBER		
OL STATE	OF ERATOR E	ERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL OFFENSE CODE			OFFENSE DESC	KIFIION			CITAL	ION NO	IMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	A		L TEST VALUE	STATUS		TEST(S		
	SELECT UP TO 2		BY	TRACTED	=		RIJUANA		STATUS	ITPE	VALUE	STATUS	TYPE	RESULI	SELECT UP TO 4	
UNIT #	NAME: LAST, I	EIRET MIDDLE			<b>□</b> 0	THER DRUG				<u></u>	ATE OF BIRTH		_	AGE	GENDER	
ONII #	NAME: LASI, I	FIRST, MIDDLE									AIE OF BIRTH			AUL	GENDER	
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTAC	T PHO	NE - INCLUDE AREA	CODE	_  _			
TORI									ļ	1	1 1	1 1	1	1	1 1	
INJURIES ADDRESS:	INJURED TAKEN	EMS AGENCY (NAME)		INJURED T	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-	COMPLIA	SEATING POSITI	ON AIR BAG	USAGE	EJECTION	TRAPPED	
	BY					MC HELMET			_							
OL STATE	OPERATOR L	OPERATOR LICENSE NUMBER OFFENSE CH			SE CHAI	RGED LOCAL OFFENSE DESC CODE			RIPTION			CITAT	CITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UP TO 3 DRI	VER T	AI C	OHOL / DRUG SUSPI	ECTED	CONDITION	Α	LCOHO	L TEST		DRUG	TEST(S	)	
OL GLAGG	SELECT UP TO 2			TRACTED			RIJUANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4	
					0	THER DRUG					•			النال		
INJU 1 - FATAL	JRIES	SEATING POSITION  1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG LOYED		OL CLASS 1-CLASS A	S	OL RESTRIC 1-ALCOHOL INTER			RIVER DISTRACTED		1 - NONE	EST STA GIVEN	TUS	
	PECTED SERIOUS INJURY (MOTORCYCLE DRIVER) 2 - DEPLOYE					2 - CDL INTRASTAT		2 -	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION			2 - TEST REFUSED				
	3 - SUSPECIED MINUR INJURY 3 - DEPLOYE		ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LE 4 - FARM WAIVER	ENSES	DEVICE (TEXTING, TYPING, DIALING)			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
5 - NO APPAREN	5 - NO APPARENT INJURY  4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  5 - NOT APP		LICABLE (OHIO = D) 5 - EXI			5 - EXCEPT CLASS			3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS				
INJURED	INJURED TAKEN BY  5-SECOND - MIDDLE  9-DEPLOYMENT ON KNOWN  6-NO VALID OL						6 - EXCEPT CLASS & CLASS B BUS		4 -	TALKING ON HAND-H	ELD		IOWN	0210		
1 - NOT TRANSP /TREATED A		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	E.	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 -	COMMUNICATION DE OTHER ACTIVITY WIT	ΓΗ ΔΝ		HOL TES	T TYPE	
2 - EMS	0 THIRD MIDDLE		TED H - HAZMAT RESTRICTION			RESTRICTIONS	ELECTRONIC DEVIC			1 - NONE 2 - BLOOD						
	9-OTHER/UNKNOWN 9-THIRD-RIGHT SIDE 3-TOTALLY E.		EJECTED P - PASSENGER RESTRICTIO			RESTRICTIONS	ONS 7 - OTHER DISTRACT									
SAFETY E	SAFETY EQUIPMENT  10 - SLEEPER SECTION 0 F TRUCK CAB  4 - NOT APPL		LICABLE N-TANKER			10 - LIMITED TO DAY										
1 - NONE USED	ı	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE	ER		THE VEHICLE OTHER / UNKNOWN		DR	UG TEST	TYPE	
2 - SHOULDER E 3 - LAP BELT ON	BELT ONLY USED NLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRA 2 - EXTRICA			S - SCHOOL BUS	TDAILEDO	13 - MECHANICAL D (SPECIAL BRAK	ES, HAND				1 - NONE			
4 - SHOULDER 8	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHA		MECHAN	VICAL MEANS  X - TANKER / HAZMAT			CONTROLS, OR C ADAPTIVE DEVI				2 - BLOOD 3 - URINE					
	FORWARD FACING 13 - TRAILING UNIT NON-M			CHANICAL MEANS			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT			2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,			4 - OTHER			
6 - CHILD RESTI REAR FACIN	RAINT SYSTEM –	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES			ANGRY, DISTURBED)				SULT(S)	
7 - BOOSTER SE		15 - NON-MOTORIST						16 - OUTSIDE MIRRO 17 - PROSTHETIC AI			ILLNESS FELL ASLEEP, FAINTE			HETAMINES SITURATES		
8 - HELMET US 9 - PROTECTIVE		99 - OTHER / UNKNOWN						18 - OTHER			FATIGUED, ETC. UNDER THE INFLUEN	CF	3 - BENZ	ODIAZEPIN	ES	
(ELBOW, KNI	EES, ETC.)										ONDER THE INFLUEN OF MEDICATIONS / DF 'ALCOHOL	RUGS	4 - CANN 5 - COCA	IABINOIDS INE		
11 - LIGHTING - I	PEDESTRIAN										OTHER / UNKNOWN		6 - OPIA	TES / OPIOID	\$	
/ BICYCLE OF													7 - OTHE 8 - NEGA	R ATIVE RESUI	_TS	