of Public Safety TRAFFIC CRASH  OH-2  0H-3	<b>KEPORT</b> *DENOTES MAN LOCAL INFORMATION	DATORY FIELD FOR SUPPLEME	NT REPORT	2023-	OCAL REPORT NUMBER	ı					
PHOTOS TAKEN  OH-1P  OTHER  PRIVATE PROPERTY	REPORTING AGENCY NAME*  Heath PD	0 4	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR  1 - SOLVED 0 3 98 - ANIMAL 2 - UNSOLVED 0 3 99 - UNKNOWN								
COUNTY* LOCALITY* 1 - CITY 2 - VILLAGE 4 - 5   1   3 - TOWNSHIP	CRASH DATE / TIME * CRASH SEVERITY  1.0182023 1543 5 1- FATAL 2 - SERIOUS INJURY										
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE	2	SUSPECTED MINOR INJURY					
2 3-EAST 4-WEST	30TH		ST	4,003	402	SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	REFERENCE ROAD NAME (ROAD, M) 680	IILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D		INJURY POSSIBLE PROPERTY DAMAGE					
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATED	ONLY					
1 - INTERSECTION FROM REFERENCE 1 - NORTH IR	- INTERSTATE ROUTE(TP) AL - A	ALLEY HW-HIGHWAY RE	- ROAD	WITHIN INTERSECTION OR ON APPROACH							
3 - HOUSE #	- STATE ROUTE BL - F	BOULEVARD MP - MILEPOST ST	- SQUARE - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
DISTANCE DISTANCE CR	- NUMBERED COUNTY ROUTE CT - (	- TERRACE - TRAIL	ROADWAY								
1-MILES TR 2-FEET	A - WAY	ROADWAY DIVIDED									
LOCATION OF FIRST HARMFUL EVE		HEIGHTS PL - PLACE  ER OF CRASH COLLISION/IMPAC	T	DIRECTION OF TRAVE	L MEDIAN	TVDE					
1 - ON ROADWAY 9 - CROSSOVE	R 1 - NOT CO	OLLISION 4 - REAR-TO-REAR	3 <b>4</b>	1 - NORTH	1 - DIVIDED FL	USH MEDIAN					
	VALLEY ACCESS 2 BETWI			2 - SOUTH 3 - EAST	( < 4 FEET						
4 - ON ROADSIDE 12-SHARED U 5 - ON GORE TRAILS		SPORT 7 - SIDESWIPE, SAME		4-WEST	(≥4 FEET 3 - DIVIDED, D	EPRESSED MEDIAN					
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANI	3 - HEAD-	*				AISED MEDIAN					
7 - 0N RAMP 14-10LL B00 8 - 0FF RAMP 99-0THER/U					9 - OTHER/UNI						
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WOR		CONTOUR	CONDITIONS	SURFACE					
	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST W WARNING SIGN	ORK ZONE	1	1	_2					
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING 3 - TRANSITION AREA	G AREA	1 - STRAIGHT LEVEL	1 - CONCRETE						
	INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - BLACKTOP, BITUMINOUS, ASPHALT						
\$1000 and \$1000	OTHER	5 - TERMINATION ARE	А	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK					
<b>LIGHT CONDITION</b> 1 - Daylight	1 - CLEAR	₹ 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY		7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	CNOW	6 - WATER (STANDING, 5 - D							
4 - DARK - ROADWAY NOT LIGHTED	9 - FREEZING RAIN OR FREEZIN	R FREEZING DRIZZLE 7 - SLUSH									
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER/ UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN						
NARRATIVE					N.	Indicate the north					
UNIT #1 AND UNIT #2 WER						direction with an "N" on the compass diagram.					
FOR STOPPED TRAFFIC IN T		OF		ScenePD ™ - Evaluation Edition	l V	compass diagram.					
NORTHBOUND S. 30TH STRI		Evalua Evaluation Edition	Evaluation								
BEHIND UNIT #1. UNIT #3 BEHIND UNIT #2 AND FAIL				Evaluation	Evaluation Edition Edition	3					
BEFORE STRIKING THE REA			Evaluation tion Edition	Edition		-					
IMPACT PUSHED UNIT #2 I		NIT		Unit 1 Evaluation		-					
<b>#1. ALL THREE UNITS WER</b>		e wru erneerEvoleo	Evaluation tion Edition	Editon	GARFIELD SCHOOL (880 S. 30TH ST)  Evaluation Edition						
<b>ROADWAY PRIOR TO POLIC</b>	E ARRIVAL.	_	Evaluation	Evaluation Edition	Evaluation Edition Edition	1					
		Evaluation Edition	tion Edition		N Evaluation Edition	-					
		Evallea	Evaluation tion Edition	Unit 3 Evaluation Edition Edition	Not To Scale						
		Evaluation Edition		Evaluation	Evaluation Edition Evaluation Edition						
		Evaluation Edition	Evaluation tion Edition	Evaluation Edition Edition							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		Trancite (877) 908-4777 SCENE CLEARED	DATE / TIME   Pr	PORT TAKEN BY					
TOURISM TO THE TANK OF THE PROPERTY OF THE PRO	82023 1554 1		557 1	0182023		POLICE AGENCY					
TOTAL TIME OTHER TOTAL	AL OFFICER'S NAME*	Сне	CKED BY OFFI	CER'S NAME*		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINU	Tidire		arkley	OFFICEN/O =		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
5 3	O 7 -	1 3 0		or officer's badge   - <b>1</b>	4 7						

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

OHIO DE OF PUBI SAFETY - SER	OHIO DEPARTMENT MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 1 1 6 6 8									
UNIT #										DATE OF	BIRTH			AGE	GENDER	
0 1 MATHIS, GARY L							0 9 / 0 8 / 1 9 5 0 7 3 M							M		
ADDRESS	: STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	ONE - INCL	UDE AREA CO	DDE			
280 MC	MILLEN D	R NEWARK, OH 4305	55													
INJURIES	NJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO			: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		<b>Г-С</b> омры	IANT	NG POSITION	AIR B	AG USAG	E EJECTION			
5	BY							0 4		HELME	ET 0	_ 1	1		1	1
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	ISE CHAI	RGED	LOCAL CODE						CITA	ATION	NUMBER	
PO H										AL COU	OL TEST			D.D.I	JG TEST(S	-1
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI LCOHOL   MAI		CONDITION	STATUS	TYPE	OL TEST VAL		STATUS			T SELECT UP TO 4
4		0 3		1	=	THER DRUG		1	1 ,	,1			1	1		
UNIT #	NAME: LAST, F	AME: LAST, FIRST, MIDDLE									DATE OF	BIRTH			AGE	GENDER
0 2	DAVIS, J	OANNE R							0 9	/ 1	1 7 ,	/ ˌ1 ˌ9	5 ,5	2	7 1	, F
ADDRESS	: STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	ONE - INCL	UDE AREA CO	DDE			1
276 S I	HEATHER D	OR NEWARK, OH 430	55									1	1	1		
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED				USED	T DOT-COMPLIANT SEATING POSITIO							
5	BY L							0 4		HELME	ET 0	1	1 1 1			1
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	ISE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	I			CITA	ATION	NUMBER	
O H			1							AL COU	OL TEST			<b>D</b> DI	JG TEST(S	2
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI LCOHOL   MAI	E <b>CTED</b> RIJUANA	CONDITION	STATUS				STATUS			T SELECT UP TO 4
4	السال			1	=	THER DRUG		1	1	1			1	1		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								ı	DATE OF	BIRTH			AGE	GENDER
0 3	0 3 SCOTT, CAIDEN E 1 2 / 1 0 / 2									2 0	0	4	1  8	M		
ADDRESS	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	ONE - INCL	UDE AREA CO	DDE	_		
1134 9	SUNRISE D	R NEWARK, OH 4305	55												<u> </u>	
Z	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	☐ DO1	T-Compli	IANT	NG POSITION		AG USAG		
<b>~</b>	BY	705.105 W.M.D.E.D								MC HELMET 0 1				1 1 1		
OL STATE	OPERATOR L	ICENSE NUMBER			ISE CHAI	RGED	CODE							CITATION NUMBER		
O H	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRI	333.0		DHOL / DRUG SUSPI	X 333.03 L / DRUG SUSPECTED CONDITION			ALCOHOL TEST			130101923001 DRUG TEST(S)			
OL CLASS	SELECT UP TO 2	RESTRICTION SEEEST		TRACTED			RIJUANA	CONDITION	STATUS			.UE S	STATUS			T SELECT UP TO 4
4				1	0	THER DRUG		1	1	1			1	_1		
INJU 1 - FATAL	URIES	SEATING POSITION  1 - FRONT - LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1 - CLASS A	5	OL RESTRIC 1-ALCOHOL INTER		SECTION DESCRIPTION	- NOT DISTR		ION	1 N/	TEST STA	ATUS
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT			- MANUALLY	OPERATING			ST REFUSED	
	MINOR INJURY	2 FROME DIGHT CIDE					3 - CORRECTIVE LENSES 4 - FARM WAIVER			ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
	OSSIBLE INSURY  4 - SECOND - LEFT SIDE  5 - NOT APPLIE		LICABLE (OHIO = D)			5 - EXCEPT CLASS A BUS			DIALING) 3 - TALKING ON HANDS-FREE			4 - TEST GIVEN, RESULTS KNOWN				
INJURED	INJURED TAKEN BY  (MOTORCYCLE PASSENGER)  5-SECOND – MIDDLE  9-DEPLOYMENT UNKNOWN			IOWN	5 - M/C MOPED ONLY 6 - EXCEPT CLASS 6 - NO VALID OL & CLASS B BUS						ATION DEVI	UNKNOWN				
1 - NOT TRANS	PORTED	6 - SECOND - RIGHT SIDE		I = A = TAN			u-N-	7 - EXCEPT TRACTO	R-TRAILER		COMMUNIC	ATION DEVI	CE	AL	COHOL TE	ST TYPE
/TREATED A	AT SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION CTED		OL ENDORSE! H - HAZMAT	VIENI	8-INTERMEDIATE RESTRICTIONS	LICENSE	5 -	- OTHER ACT ELECTRON		AN	1 - NO		
3 - POLICE	O TUIDD DICHT CIDE			M - MOTORCYCLE 9 - LEARNER'S PEI							2 - BLOOD 3 - URINE					
9-01HER/UN	10 - SLEEPER SECTION 4 - NOT APPLICABLE				P - PASSENGER N - TANKER 10 - LIMITED TO DA			YLIGHT ONLY INSIDE THE VEHICLE			VEHICLE	4 - 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 DIS THE VEHIC		UTSIDE	5 - 01	HER	
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA			R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	13 - MECHANICAL DI	EVICES	9.	- OTHER / UN	IKNOWN		1 - NO	RUG TEST	TYPE
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATED 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHANICA		TED BY  T - DOUBLE & TRIPLE TRAILERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER			CONDITION			2 - BL00D				
	5 - CHILD RESTRAINT SYSTEM CARGO AREA 3 - FREED		3 - FREED B	BY X - TANKER / HAZMAT			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		CHANICAL MEANS			15 - MOTOR VEHICLES WITHOUT		3 -	3 - EMOTIONAL (E.G., DEPRESSED,							
REAR FACIN	REAR FACING (NON-TRAILING UNIT)					AIR BRAKES  16 - OUTSIDE MIRROR			ANGRY, DISTURBED) 4- ILLNESS			DRUG TEST RESULT(S)  1-AMPHETAMINES				
7 - BOOSTER S 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AII	)	5-	FELL ASLER			2 - BA	ARBITURATES	
9 - PROTECTIV	E PADS USED							18 - OTHER		6-	UNDERTHE	INFLUENCE			NZODIAZEPIN NNABINOIDS	NES
(ELBOW, KN 10 - REFLECTIV	DECA. FILL										OF MEDICA	TIONS / DRUG	GS .	1-01		
											/ALCOHOL			5 - 00	CAINE	
11 - LIGHTING - / BICYCLE O	E CLOTHING PEDESTRIAN										/ALCOHOL OTHER/UN	KNOWN			IATES / OPIOI	DS