OF PUBLIC SAFETY TRAFFIC CRASH OH-2 OH-3 OH-3	KEPORT *DENOTES MAN LOCAL INFORMATION	NDATORY FIELD FOR SUPPLEME	ENT REPORT	2023-	0 0 0 1 1				
PHOTOS TAKEN OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERRO						
A month of the control	Heath PD	507	1 - SOLVED LJ 2 - UNSOLVED	020	98 - ANIMAL 99 - UNKNOWN				
4 5 1 1 2-VILLAGE HEATH	, VILLAGE, TOWNSHIP*			CRASH DATE/T	_ 1	ASH SEVERITY - FATAL			
3 - TOWNSHIP	LOCATION ROAD NAME		ROAD TYPE	2 - SERIOUS INJURY					
2 - SOUTH 3 - EAST	RAMP CREEK		B V	40,020	-	- MINOR INJURY			
	REFERENCE ROAD NAME (ROAD, N	MILEPOST, HOUSE #)	ROAD TYPE	SUSPECTED LONGITUDE DECIMAL DEGREES 4 - INJURY POSSI					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	THORNWOOD		D R	-82 0 4 8	0 5 4	- PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATE	D			
1 2-MILE POST 3 2-SOUTH US.			W-HIGHWAY RD - ROAD WITHIN INTERSECTION OR ON APPROACH A - LANE SQ - SQUARE						
3- HOUSE # - 3- EAST	STATE ROUTE BL -		T - STREET E - TERRACE	THE WITH THE CONTACT AND ALL IN					
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT -	- COURT PK - PARKWAY T	L - TRAIL	ROADWAY					
1 - MILES TR - 2 - FEET 3 - YARDS	ROUTE	- DRIVE PI - PIKE W - HEIGHTS PL - PLACE	/A - WAY	ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVEN	T MANN	NER OF CRASH COLLISION/IMPA	СТ	DIRECTION OF TRAVEL MEDIAN TYPE					
1 - ON ROADWAY 9 - CROSSOVER 9 9 2 - ON SHOULDER 10-DRIVEWAY/	ALLEY ACCESS 6 BETW			1 - NORTH	1 - DIVIDED FLUSH MEDIAN (< 4 FEET)				
AND ADDRESS OF THE PROPERTY OF	RADE CROSSING VEHICLE	MOTOR CLES IN 6-ANGLE	DIDECTION	2 - SOUTH 3 - EAST	f T	2 - DIVIDED FLUSH MEDIAN			
5 - ON GORE TRAILS	2 - REAR	*	SITE DIRECTION	4 - WEST 3 - DIVIDED, DEPRESSED MI					
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 7 - ON RAMP 14-TOLL BOOTH	3 - HEAD	0-ON 9-OTHER/UNKNOW	۷N	4 - DIVIDED, RAISED MEDI/ (ANY TYPE) 9 - OTHER/UNKNOWN					
8-OFF RAMP 99-OTHER/UN	KNOWN	T							
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN WO 1 - BEFORE THE 1ST V		CONTOUR 1	CONDITIONS 1	SURFACE 2			
WORKERS PRESENT 2-	LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNIN			1 - DRY	1 - CONCRETE			
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA	manufacture of		2-WET	2 - BLACKTOP,			
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	ON AREA 3 - CURVE LEVEL 3 - SNOW			BITUMINOUS, ASPHALT			
LIGHT CONDITION	WEATHE	R	4 - CURVE GRADE 4 - ICE 3 - BRIC 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLA						
1 - DAYLIGHT 1 2 - DAWN/DUSK	1 - CLEAR 02 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING,	4 - SLAG, GRAVEL, STONE			
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DIRT,	SAND, SOIL, DIRT, SNOW MOVING)			5 - DIRT 9 - OTHER/UNKNOWN			
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZI 99 - OTHER/UNKNOWN	NG DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	, single sintis			
9-OTHER/UNKNOWN									
NARRATIVE UNIT 1 WAS MAKING A LEFT	THEN IN TO DAME					Indicate the north direction with			
CREEK MOBILE HOME PARK.		L				an "N" on the compass diagram.			
SHARP AND STRUCK THE FRO			Evaluation	ScenePD ™ - Evaluation Edition Evaluation Edition					
WAS ON RAMP CREEK BLVD.	SITTING AT THE ST	TOP Evaluation Edition	ation Edition		Evaluation Edition	in —			
SIGN WAITING TO TURN ON		and the second s	Evaluation sation Edition	Evaluation Edition Edition	Edition				
THE CRASH OCCURRED ON R		Evaluation Edition		Evaluation E	Evaluation Edition	in _			
WHICH IS PRIVATE PROPER	IY.	Evaluation Edition	Evaluation ation Edition	Evaluation Edition Edition					
				PROPERTY. NO Evaluation Edition	DIAGRAMon Evaluation Edition	n			
		Evaluation Edition	Evaluation ation Edition	Edition	Evaluation Editio	in .			
		<u> </u>	Evaluation	Evaluation Edition Edition	Evaluation Edition Edition				
		Evaluation Edition	ation Edition		Evaluation Edition	n —			
		Evalu	Evaluation ation Edition	Evaluation Edition Edition	Edition				
		Evaluation Edition		Trancite (877) 908-4777					
AND THE RESERVE A STREET A STREET AND ADDRESS AND A STREET ASSESSMENT AS	DISPATCH DATE / TIME 9 2 0 2 3 1 6 3 0 1	ARRIVAL DATE / TIME		0 1 9 2 0 2 3		POLICE AGENCY			
TOTAL TIME OTHER TOTAL				CER'S NAME*		MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUT	Markley Markley					SUPPLEMENT (CORRECTION OR ADDITION			
0 2 0 5 4	O 7 -	GE NUMBER* 1 4 7	CHECKED E	Y OFFICER'S BADGE N	IUMBER*	TO AN EXISTING REPORT SENT TO ODPS)			

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

1

OHIO DE OF PUBL SAFETY - SER	SONIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 1 1 7 2 2							
UNIT#	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER							
0 1	MORNIN	MORNINGSTAR, VIRGINIA LOU							0 4 / 0 8 / 1 9 5 0 7 3					
ADDRESS	S: STREET, CITY, ST	TATE, ZIP							CONTACT P	HONE - INCLUDE AREA	CODE			
<u> </u>		DD DR 54 HEATH, OF	1 43056								0 (
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COM	1			TRAPPED	
5	BY	TOPINGE NUMBER		OFFERN	CE QUA	DOED.	1.0041	0 4	MC HEL	MET 0 1	1	1	_1	
OL STATE	UPERATUR L	ICENSE NUMBER		UFFEN	SE CHAI	KGED	CODE	OFFENSE DESC	KIPIIUN		CITATIO	IN NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRI	VER	ALC	OHOL / DRUG SUSPI	LLL ECTED	CONDITION		OHOL TEST		RUG TEST(S		
	SELECT UP TO 2		BY DIS	TRACTED		LCOHOL MAI			STATUS TY	PE VALUE			SELECT UP TO 4	
_ 4				1	0	THER DRUG		1	1 1		1	1		
UNIT #	NAME: LAST, F									DATE OF BIRTH	0 7 1	AGE	GENDER	
0 2	STEPHEN S: STREET, CITY, STA	IS, ANGELA F							1 2 /	0 1 / 1		5 1	F	
Ħ		E CR HEATH, OH 430	156					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	O: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			SEATING POSITION ALL			AIR BAG USAGE EJECTION TRAPPED		
2 92, 5	TAKEN BY							USED 0 4	DOT-COMPLIANT			1 1 1		
	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	CITATION NUMBER		
OL STATE							CODE							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		OHOL / DRUG SUSPI		CONDITION	ALC(DHOLTEST PE VALUE		RUG TEST(S	SELECT UP TO 4	
. 4	BY 1			=	LCOHOL MAI THER DRUG	RIJUANA	1	1 1		1	1			
UNIT #	NAME: LAST, FIRST, MIDDLE				<u> </u>	THER DROG				DATE OF BIRTH		AGE	GENDER	
										1 1 1 1 1	1 1			
ADDRESS	S: STREET, CITY, STA	ATE, ZIP							CONTACT P	HONE - INCLUDE AREA	CODE	-1		
OTOR											1 1	1 1		
MON-MON INJURIES ADDRESS	TAKEN	EMS AGENCY (NAME)		INJURED 1	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	рот-сом		IN AIR BAG US	SAGE EJECTION	TRAPPED	
	BY STATE OPERATOR LICENSE NUMBER OFFENSE CHAI						COUNTY ON CATT			ATION NUMBER				
OL STATE	UPERATUR L	ICENSE NUMBER		UFFEN	SE CHAI	KGED	GED LOCAL OFFENSE DESC		RIPTION			ATION NOWBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRI	VER	ALC	OHOL / DRUG SUSPI	HOL / DRUG SUSPECTED CONDITION			ALCOHOL TEST			DRUG TEST(S)	
	SELECT UP TO 2		BA DIS.	RACTED ALCOHOL MARIJUANA			STATUS TY	PE VALUE	STATUS	YPE RESULT	SELECT UP TO 4			
					0	THER DRUG								
1 - FATAL	URIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1-CLASS A	S	OL RESTRIC 1-ALCOHOL INTER		1 - NOT DISTRACTED		TEST STA - NONE GIVEN	TUS	
	D SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOY				2 - CDL INTRASTAT		2 - MANUALLY OPERATIN ELECTRONIC COMMUN	HOLTION	-TEST REFUSED			
4 - POSSIBLE I	O MINOR INJURY Injury	3 - FRONT - RIGHT SIDE	3 - DEPLOYI	ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS				3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEXTING, TYPIN DIALING)		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
5 - NO APPARE	NT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	PLICABLE (0HIO = D)				5 - EXCEPT CLASS A BUS 3-1		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS		
INJURED	INJURED TAKEN BY 5-SECOND-MIDDLE					6 - NO VALID OL & CLASS B BUS				4 - TALKING ON HAND-HE	ELD UNKNOWN			
	1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE /TREATED AT SCENE 7 - THIRD - LEFT SIDE				7 - EXCEPT TRACT B-INTERMEDIATE 8 - INTERMEDIATE							ALCOHOL TEST TYPE		
2 - EMS	O THIRD MIDDLE			CTED H - HAZMAT			RESTRICTIONS 9 - LEARNER'S PERMIT		ELECTRONIC DEVICE 6 - PASSENGER		1 - NONE 2 - BLOOD			
	3 - POLICE 0 - THIRD - MIDDLE 2 - PARTIA 9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALL			LLY EJECTED M - MOTORCYCLE 'EJECTED P - PASSENGER			RESTRICTIONS		7 - OTHER DISTRACTION		3 - URINE			
SAFETY E	10 - SLEEPER SECTION OF TRUCK CAB 4 - NOT AP			'LICADLE N-TANNER			10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT		INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE		4 - BREATH 5 - OTHER			
1 - NONE USED	1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA				APPED R-THREE-WHEEL MOTORCYCLE 12-LIMITED			12 - LIMITED - OTHE	ER	THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TEST	TYPE	
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRA 3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRIC,			3 - 3CHOOL DU3			13 - MECHANICAL D (SPECIAL BRAK	S, HAND			1 - NONE			
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA 3.		MECHAN 3 - FREED B	CHANICAL MEANS X - TANKER / HAZMAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION 1 - APPARENTLY NORMAL		2 - BLOOD 3 - URINE			
FORWARD F	FORWARD FACING 13 - TRAILING UNIT NON-			CHANICAL MEANS			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER			
6 - CHILD REST REAR FACIN							AIR BRAKES 16 - OUTSIDE MIRROR		ANGRY, DISTURBED)		DRUG TEST RESULT(S)			
	BOOSTER SEAT							17 - PROSTHETIC AID		4- ILLNESS 5- FELL ASLEEP, FAINTED,		1 - AMPHETAMINES 2 - BARBITURATES		
9 - PROTECTIV	- PROTECTIVE PADS USED						18 - OTHER		FATIGUED, ETC. 6- UNDER THE INFLUENCE		3 - BENZODIAZEPINES			
	ELBOW, KNEES, ETC.) REFLECTIVE CLOTHING								OF MEDICATIONS /ALCOHOL					
11 - LIGHTING -	ITTING - PEDESTRIAN ICYCLE ONLY								9- OTHER / UNKNOWN			6 - OPIATES / OPIOIDS		
99 - OTHER / UN												7 - OTHER 8 - NEGATIVE RESULTS		

Ū	OHIO DEI OF PUBL SAFETY - SERV	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM METTY SERVICE - PROTECTION						2023	- 0 0	RT NUMBER 0 1 1	7 2	2			
	UNIT #	NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER			
	02	BOUCHER, BAYLEIGH K						0 6 / 2	0 / 2 0	1 7	6	F			
OCCUPAN		RESS: STREET, CITY, STATE, ZIP DE GRANDVIEW AV HEATH, OH 43056							CONTACT PHONE - INCLUDE AREA CODE						
ē	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
	_5	BY 1		0 5	☐ MC HELMET	0 4	1	1	_1						
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
٥	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE		I			DATE OF BIRTH AGE GENDE							
PAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN															
٥	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
٤											<u> </u>				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
Ł	ADDRESS	DRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN	712211200	:35: STREET, CITY, STATE, ZIP							INOCODE AREA GO						
8	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT 0	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	1 1	TAKEN BY					USED	DOT-COMPLIANT MC HELMET	1 1 1		1 1	1 1			
Ī		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA			1 - NONE US	ED - OCCUPANT	IT – LEFT SIDE ORCYCLE DRIV	FR)								
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 2 - SHOULDE 3 - LAP BELT			ER BELT ONLY USED 2 - FRONT - MIDD			LI()	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE							
				T ONLY USED	IT – RIGHT SIDI IND – LEFT SID	-									
				4 - SHOULDE	ER & LAP BELT USED		ORCYCLE PASS		FRONT/SIDE						
L	5 - CHILD RI			ESTRAINT SYSTEM – D FACING) F	PLICABLE									
				ESTRAINT SYSTEM –	7 - THIR	ND – RIGHT SII D – LEFT SIDE		9 - DEPLO							
	/TREATED AT SCENE REAR FA				CAR)		EJECTI	0 N							
	2 - EMS 7 - B00STER 3 - POLICE 8 - HELMET				Ī	JECTED ALLY EJECTED									
				TIVE PADS USED		PER SECTION	OF TRUCK CAB HER ENCLOSED 3 - TOTALLY EJEC								
				KNEES, ETC.)	CARG	O AREA (NON-T	RAILING UNIT,	4 - NOT APPLICABLE							
				12 - PASSENGER IN				TRAPPED							
					O AREA LING UNIT		1 - NOTTRAPPED								
				99 - OTHER /	UNKNOWN	14 - RIDIN	NG ON VEHICLE	EXTERIOR	2 - EXTRIC	ATED BY N	ECHANI	CAL			
							TRAILING UNIT) MOTORIST			BY NON-MI	CHANIC	AL			
							R / UNKNOWN		MEANS	i					
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	4000000							CONTACT PHONE							
¥	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE .					
5	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
ESS							SALE OF BANKS								
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
										<u> </u>					
SS	NAME: LAS	ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
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