OFF PUBLIC SAFETY TRAFFIC CRASH	EPORT *DENOTES	MANDATORY FIELD FOR SUPPLEM	IENT REPORT	l	OCAL REPORT NUMBE						
PHOTOS TAKEN UP OH-2 UP OH-3 L		2023-	0001	2612							
OH-1P OTHER	REPORTING AGENCY NAME* Heath PD	NCIC* 4 5 0 7	HIT/SKIP								
COUNTY* LOCALITY* 1 - CITY LOCATION: CITY,		CRASH DATE / TIME * CRASH SEVERITY									
4 5 1 2-VILLAGE HEATH	1. 1102023 1822 2. SERIOUS INJUR SUSPECTED										
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 12 - SOUTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST HEBRON ROAD NAME										
Taw Col	HEBRON REFERENCE ROAD NAME (RO.	ROAD TYPE	40,029		SUSPECTED 4 - INJURY POSSIBLE						
2 - SOUTH	836	,		-82,044		5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE AL - ALLEY HW- HIGHWAY I			INTERSECTION RELAT	ED					
2 MILE DOST 2 COUTU	INTERSTATE ROUTE(TP) FEDERAL US ROUTE	RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH								
3 - HOUSE #	STATE ROUTE	ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES								
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE		TE - TERRACE TL - TRAIL	ROADWAY							
	NUMBERED TOWNSHIP ROUTE	DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVENT	.	MANNER OF CRASH COLLISION/IMPA	CT	DIRECTION OF TRAVE	MEDI	AN TYPE					
1 - ON ROADWAY 9 - CROSSOVER	1 - N	NOT COLLISION 4 - REAR-TO-REAR		1 - NORTH	1 - DIVIDED	FLUSH MEDIAN					
0 1 2-ON SHOULDER 10-DRIVEWAY/A 3-IN MEDIAN 11-RAILWAY GR	1 2 1	BETWEEN 5 - BACKING TWO MOTOR 6 - ANGLE		2 - SOUTH 3 - EAST	f T	(<4 FEET) 2 - DIVIDED FLUSH MEDIAN					
4 - ON ROADSIDE 12 - SHARED USI	E PATHS OR 1	TRANSPORT 7-SIDESWIPE, SAM		4 - WEST	T) , DEPRESSED MEDIAN						
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - H	REAR-END 8-SIDESWIPE, 0PP(HEAD-ON 9-OTHER/UNKNOV			, RAISED MEDIAN						
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER/UNK					(ANY TY 9 - OTHER/L						
	WORK ZONE TYPE	LOCATION OF CRASH IN WO	ORK ZONE	CONTOUR	CONDITIONS	SURFACE					
	ANE CLOSURE	1 - BEFORE THE 1ST WARNING SIGN		1	, 1	2					
3 - W	ANE SHIFT/CROSSOVER VORK ON SHOULDER	2 - ADVANCE WARNIN	NG AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE					
	OR MEDIAN NTERMITTENT OR MOVING WO	ORK 4 - ACTIVITY AREA	A	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS,					
	THER	5 - TERMINATION AR	EA.	3 - CURVE LEVEL	3 - SNOW	ASPHALT					
LIGHT CONDITION	WEA	THER		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,					
1 - DAYLIGHT 3 2 - DAWN/DUSK	1 - CLEAR	6 - SNOW			OIL, GRAVEL	STONE					
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SM	7 - SEVERE CROSSWINDS OKE 8 - BLOWING SAND, SOIL, DIRT			6 - WATER (STANDING, MOVING)						
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZ 99 - OTHER / UNKNOWN	ING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	9 - OTHEROUNINOWN					
9 - OTHER / UNKNOWN		Prints STATE			9-01HER/UNKNOWN						
NARRATIVE					AN AN	Indicate the north					
UNIT 1 WAS TRAVELING NOR		<u> </u>			\mathcal{A}	an "N" on the compass diagram.					
BEHIND UNIT 2. TRAFFIC WA				ScenePD ™ - Evaluation Edition	<u> </u>						
AND UNIT 1 WAS NOT ABLE 1		E.m.	Evaluation	Evaluation Edition a Edition							
CAUSED UNIT 1 TO HIT UNIT 2 IN THE REAR. THE Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition											
DRIVER OF UNIT 2 WAS TRANSPORTED TO LMH BY Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition											
TO Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition											
		Not [Q	lu SCAL eition	n Edition William	Embaria 5 a	tion .					
			RON RD.)	Evaluation Edition	Evaluation Edi Evaluation Edition RD.						
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		Evaluation Edition	lluation Edition	Trancite (877) 908-4777							
ACCOMPANIES AND ACCOMPANIES AN	ISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	STOREST STREET	REPORT TAKEN BY					
1,1102,023 1,822 1,116	02023 1822	2 11102023 1	8261	1102023	1917	_					
						MOTORIST					
minori	S Markley	P	eterson		Г	SUPPLEMENT (CORRECTION OR ADDITION					

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

OHIO DEF OF PUBLI SAFETY - SERVI	CHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST					2 0 2 3 - 0 0 0 1 2 6 1 2												
UNIT #									D	ATE OF	BIRTH			AGE	GENDER			
01	DERRINGER, JOSHUA CRAIG S: STREET, CITY, STATE, ZIP						0 3 / 2 8 / 1 9 8 3 4 0 M											
₽		E NEWARK, OH 4305	5							CUNTA	O .	NE - INCI	LUDE AREA C	ODE .	D .(
INJURIES	ES INJURED EMS AGENCY (NAME) INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN							Y EQUIPMENT		T-Complies	SEAT	ING POSITIO	N AIR BAG	USAGE I	JECTION	TRAPPED		
5	BY	TAKEN BY			USE			USED	0 4	DOT-COMPLIANT MC HELMET 0 1				_ 1		1	_1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	E CHAF	RGED	LOCAL CODE				RIPTION			CITAT	CITATION NUMBER			
OH	_ 33			333.0				333.							4507147111023			
OL CLASS	ENDORSEMENT SELECT UP TO 2	CT UP TO 2 DIS		VER TRACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA			CONDITION			TYPE	YPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT					
4			BY	1	=	THER DRUG	KIJUANA	:	1 ,	1	1			1	1	1 11		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF	BIRTH			AGE	GENDER		
0 2	PARHAM,	, ANTHONY Jr								0 7	/ 2	9	/ 1 9	9 8 9	3	4	M	
ADDRESS:	STREET, CITY, ST									CONTA	CT PHO	NE - INCI	LUDE AREA C	ODE				
64 ROS		NEWARK, OH 43055	;															
INJURIES	TAKEN			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIP USED					DOT-COMPLIANT					USAGE	JECTION	TRAPPED		
3		Heath FD			Licking Memorial			0555		4 MC HELMET				1 1 1			_1	
ADDRESS: 64 ROS INJURIES OL STATE O H	UPERATUR L	ERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL OFF				OFFENSE DESCRIPTION			'			CITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALC	DHOL / DRUG SUSPI	ECTED	CO	NDITION	STATUS	ALCOHO			CTATUS.		TEST(S)		
4	SELECT UP TO 2		BY	TRACTED	=		RIJUANA		1		TYPE	VA	LUE	status 1	1	KESULI	SELECT UP TO 4	
	NAME				1 OTHER DRUG			Ш	1 1 1			DATE OF BIRTH					LACHRER	
UNIT #	* NAME: LAST, FIRST, MIDDLE										U	AIE UF	RIKIH		'	AGE	GENDER	
ADDRESS:	RESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE								
101												T	I I	1 1				
ADDRESS:	INJURED I	EMS AGENCY (NAME)		INJURED T	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)		Y EQUIPMENT	n	T-Complia	SEAT	ING POSITIO	N AIR BAG	USAGE I	EJECTION	TRAPPED	
NON /	BY			USED				HELME										
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFE	ENSE DESC	RIPTION			CITATION NUMBER						
									ALCOHOL TEST			DRUG TEST(S)						
UL CLASS	OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO SELECT UP TO			VER ALCOHOL / DRUG SU TRACTED ALCOHOL I		_	RIJUANA	CONDITION		STATUS TYPE VALUE			STATUS TYPE RESULT SELECT UP					
					07	THER DRUG						• 📖		البيا				
INJU 1 - FATAL	RIES	SEATING POSITION 1 - FRONT - LEFT SIDE		IR BAG		OL CLASS	S	4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	RESTRIC				DISTRAC			ST STA	TUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE				1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY			2-	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN			1 - NONE GIVEN 2 - TEST REFUSED				
3 - SUSPECTED		2 EDON'T DICHT CIDE					3 - CORRECTIVE LENSES				ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,			N 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
	PPARENT INJURY 4 - SECOND - LEFT SIDE 5 - NOT		5 - NOT APP	/ED BOTH FRONT / SIDE 4 - REGULAR CLASS PLICABLE (OHIO = D)			4 - FARM WAIVER 5 - EXCEPT CLASS A BUS				DIALING) 3 - TALKING ON HANDS-FREE			4 - TEST GIVEN, RESULTS KNOWN				
INJURED	(MOTORCYCLE PASSENGER) 9 - DEPLOYI 5 - SECOND – MIDDLE			MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CL 6 - NO VALID OL & CLASS B				CLASS B BUS	ASS A COM			COMMUNICATION DEVICE TALKING ON HAND-HELD		5-TEST GIVEN, RESULTS UNKNOWN				
1 - NOT TRANSP	SPORTED 6 - SECOND - RIGHT SIDE			7 - EXCEPT TRACT				OR-TRAILER COMMUNICATION DEV				ALCOHOL TEST TYPE						
/TREATED AT 2 - EMS	(MOTORCYCLE SIDE CAR) 1 - NOT EJE		IECTION OL ENDORSEMENT CTED H - HAZMAT			8 - INTERMEDIATE LICENSE RESTRICTIONS				5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			1 - NONE					
3 - POLICE	O TUIDD DICUTCIDE		LY EJECTED M - MOTORCYCLE			9 - LEARNER'S PERMIT RESTRICTIONS				6 - PASSENGER 7 - OTHER DISTRACTION			2 - BLOOD 3 - URINE					
9 - OTHER / UNK	10 - SLEEPER SECTION 4 - NOT APP		EJECTED P - PASSENGER LICABLE N - TANKER			10 - LIMITED TO DAYLIGHT ONLY			Υ	INSIDE THE VEHICLE			4 - BREATH 5 - OTHER					
1 - NONE USED	Y EQUIPMENT OF TRUCK CAB 11 - PASSENGER IN OTHER TRAPPED			Q - MOTOR SCOOTER 11 - LIMITED TO EM			THE			THE VEHICLE								
	DER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAPPED			PPED	PED S - SCHOOL BUS 13 - MECHANICAL I			MECHANICAL DEVICES (SPECIAL BRAKES, HAND			9 - OTHER / UNKNOWN DRUGTE 1 - NONE					TYPE		
	HOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECH		2 - EXTRICA MECHAN	ANICAL MEANS			CONTROLS, OR OTHER ADAPTIVE DEVICES)			1	CONDITION			2 - BLOOD				
	5 - CHILD RESTRAINT SYSTEM – CARGO AREA FORWARD FACING 13 - TRAILING UNIT		3 - FREED BY NON-MECHANICAL MEANS			X - TANKER / HAZMAT		14 - MILITARY VEHICLE 15 - MOTOR VEHICLE AIR BRAKES				1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			3 - URINE 4 - OTHER			
6 - CHILD REST	CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR									ES WITHOUT					DRUG TEST RESULT(S)			
	REAR FACING (NON-TRAILING UNIT) BOOSTER SEAT 15 - NON-MOTORIST								JTSIDE MIRRO	IR 4- ILLNESS				1 - AMPHETAMINI				
8 - HELMET US	HELMET USED 99 - OTHER / UNKNOWN							17 - PROSTHETIC AID 18 - OTHER				5- FELL ASLEEP, FAINTED, FATIGUED, ETC. 6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			2 - BARBI 3 - BENZO	TURATES DIAZEPINE	ES	
	PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										(4 - CANNA	BINOIDS		
	FLECTIVE CLOTHING BHTING – PEDESTRIAN											/ ALCOHOL 9- OTHER / UNKNOWN			5 - COCAINE 6 - OPIATES / OPIOIDS			
/ BICYCLE ON	ICYCLE ONLY														7 - OTHER			
99 - OTHER / UNKNOWN													8 - NEGAT	IVE RESUL	.IS			