OF PUBLIC SAFETY TRAFFIC CRASH	<b>KEPORT</b> *DENOTES MAIL LOCAL INFORMATION	NDATORY FIELD F	OR SUPPLEM	ENT REPORT	2023-	.OCAL REPORT NU							
PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER	REPORTING AGENCY NAME*												
SECONDARY CRASH PRIVATE PROPERTY	Heath PD		HIT/SKIP										
COUNTY* LOCALITY* LOCATION: CITY	/, VILLAGE,TOWNSHIP*		1507	CRASH DATE /		CRASH SEVERITY							
4 5 1 1-CITY 1-VILLAGE HEATH		1,1152023, 2010   3   1 - FATAL											
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	2 - SERIOUS INJURY LATITUDE DECIMAL DEGREES SUSPECTED												
2 - SOUTH   3 - EAST	D R	4,0,025	1 2 9	3 - MINOR INJURY SUSPECTED									
	Ε#)	ROAD TYPE	LONGITUDE		4 - INJURY POSSIBLE								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	405 Licking View D	r			-82,429	8 7 8	5 - PROPERTY DAMAGE						
REFERENCE POINT DIRECTION	ROUTE TYPE		AD TYPE		INTERSECTION RELATED								
I-MORITI	INTERSTATE ROUTE(TP) AL -	- ALLEY HW-	HIGHWAY R	D - ROAD	WITHIN INTERSECTION OR ON APPROACH								
3- HOUSE # 3- EAST	PI	- AVENUE LA - - BOULEVARD MP -		Q - SQUARE T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES								
DISTANCE DISTANCE CR.	NUMBERED COUNTY ROUTE I	- CIRCLE OV - - COURT PK -	E - TERRACE										
	NUMBERED TOWNSHIP DR	L - TRAIL VA - WAY	ROADWAY DIVIDED										
2 - FEE I 3 - YARDS	Z-FEET ROUTE												
LOCATION OF FIRST HARMFUL EVEN		NER OF CRASH COI		СТ	DIRECTION OF TRAVE	L M	EDIAN TYPE						
1 - ON ROADWAY 9 - CROSSOVER  1 - ON SHOULDER 10 - DRIVEWAY	ALLEY ACCESS   BETV	COLLISION 4-RE VEEN 5-BA MOTOR	CKING		1 - NORTH , , 2 - SOUTH		1 - DIVIDED FLUSH MEDIAN ( < 4 FEET )						
3 - IN MEDIAN 11-RAILWAY G 4 - ON ROADSIDE 12-SHARED US	RADE CROSSING   VEHI	CLESIN 6-AN	IGLE DESWIPE, SAMI	DIRECTION	3 - EAST 2 - DIVIDED FLUSH ME								
5 - ON GORE TRAILS	2 - REAR	R-END 8-SII	DESWIPE, OPPO	SITE DIRECTION	4 - WEST 3 - DIVIDED, DEPRESSED M								
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 7 - ON RAMP 14 - TOLL BOOT	J-IILAD	D-ON 9-OT	HER/UNKNOV	VN		4 - DIVIDED, RAISED MEDIA (ANY TYPE)							
8-OFF RAMP 99-OTHER/UN	KNOWN					9 - OTH	ER/UNKNOWN						
☐ WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	15 DESCRIPTION AND ADDRESS OF THE A	CRASH IN WO		CONTOUR	CONDITIONS							
T WARKERS DESCRIPT	LANE SHIFT/CROSSOVER	WAI	RNING SIGN		3	_1	2						
	WORK ON SHOULDER OR MEDIAN	340 300 300 300	'ANCE WARNIN NSITION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET	1 - CONCRETE						
	INTERMITTENT OR MOVING WORK OTHER		IVITY AREA MINATION ARI	ΞΛ	3 - CURVE LEVEL	3 - SNOW	2 - BLACKTOP, BITUMINOUS, ASPHALT						
			INTINATION AN	-A	4 - CURVE GRADE 4 - ICE 3 - BRICK								
<b>LIGHT CONDITION</b> 1 - Daylight	1 - CLEAR	R 6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIR OIL, GRAVEL	T, 4 - SLAG, GRAVEL, STONE						
3 2 - DAWN/DUSK	.01 2-CLOUDY	7 - SEVERE CROS		0.110111		6 - WATER (STAND MOVING)	15 VDV030000						
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	8 - BLOWING SAI 9 - FREEZING RA				7 - SLUSH	9 - OTHER/UNKNOWN							
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNI	KNOWN			9 - OTHER/UNKNOV	VN						
NARRATIVE							Indicate the north						
Unit one was traveling east of	on Licking View Dr.	Unit				<	direction with an "N" on the						
one reached a curve near 40	_	100			ScenePD ™ - Evaluation Edition		compass diagram.						
went off the right side of the	road, near where t	the		Evaluation	Evaluation Edition								
curve begins. The front of u	nit one struck a roa	d sign –	Evaluation Edition	uation Edition		Evalua Evaluation Edition	tion Edition —						
and the right side of unit one	struck a tree.	_		Evaluation	Evaluation Edition Edition	Edition							
			Evaluation Edition	uation Edition	1 :	Evalua Evalua	tion Edition						
			- Evalu	Evaluation	Evaluation Edition   Edition	Edition							
			Evaluation Edition	Not To Scale	Lundand	Evaluation Edition	05 Licking View Dr tion Edition						
		Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition											
			Evaluation	Evaluation Edition	tion Edition								
	Evaluation Edition Edition												
	Evaluation Evaluation Edition	Evaluation Edition	tion Edition										
			Evaluation Edition	Evaluation ation Edition									
CRASH REPORTED DATE / TIME	ARRIVA					REPORT TAKEN BY							
Toological Control of the Control of	DISPATCH DATE / TIME 52023 2010			014 1	1152023	-DEG-CASE-AND DELETION-OF	POLICE AGENCY						
TOTAL TIME OTHER TOTAL					CER'S NAME*		MOTORIST						
ROADWAY CLOSED INVESTIGATION TIME MINUT				mart			SUPPLEMENT (CORRECTION OR ADDITION						
	0 7 -	GE NUMBER*	9	0 CHECKED	OFFICER'S BADGE	NUMBER*	TO AN EXISTING REPORT SENT TO ODPS)						
							·						

48 - TREE

49 - FIRE HYDRANT

99 - OTHER / LINKNOWN

OR SUPPORT

■ MOST HARMFUL EVENT

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

BARRIER

36 - MEDIAN OTHER BARRIER

3 - UNDETERMINED

POSTED SPEED

3

OHIO DEI OF PUBLI SAFETY - SERV	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST						2 0	2 3			ORT NUM	-	7 6	9				
UNIT #									D	ATE OF	BIRTH			AGE	GENDER			
	WILSON, KRISTINA MARIE  RESS: STREET, CITY, STATE, ZIP							0 ,2 ,/ ,1 ,4 ,/ ,2 ,0 ,0 ,7 ,										
		WARK, OH 43055								CONTA	CT PHO	NE - INCLI	JDE AREA C	ODE	<b>.</b>			
INJURIES	URIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT									Carran	SEATIN	IG POSITION	N AIR BAG	USAGE I	JECTION	TRAPPED		
3	TAKEN Lic			Lickin	Licking Memorial USED 0 4			0 4	DOT-COMPLIANT O 1				1		1	1 ,		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAR	RGED	GED LOCAL OFFENSE DES			RIPTION			•	CITATION NUMBER				
INJURIES  3  OL STATE  O H	H_			4511.	4511.202 CODE			FTC	or Wea	ving			214271					
OL CLASS	ENDORSEMENT SELECT UP TO 2				VER ALCOHOL / DRUG SUSPECTED			CONDITION		ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO					
4			BY	1	=	LCOHOL   MAF THER DRUG	RIJUANA	:	1 ,	1 ,	1		, ,	1	1		11 11 1	
UNIT #	NAME: LAST, F	FIRST, MIDDLE						D	ATE OF	BIRTH		<u> </u>	AGE	GENDER				
										ш		1 1						
ADDRESS:	: STREET, CITY, ST.	ATE, ZIP								CONTA	CT PHO	NE - INCL	JDE AREA C	ODE				
INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		Y EQUIPMENT		-Complies	SEATING POSITION   AIR I			BAG USAGE EJECTION TRAPPED			
NON L	TAKEN BY			U			USED		DOT-COMPLIANT MC HELMET			1	ار					
ADDRESS:  ADDRESS:  OL STATE  OL STATE	OPERATOR L	ATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL OF				OFFENSE DESCRIPTION			C			CITATION NUMBER			
OL CLASS	OL CLASS ENDORSEMENT RESTRICTION SELECT U			VER	ALCO	DHOL / DRUG SUSPECTE		CO	CONDITION		ALCOHO	L TEST				TEST(S)		
	SELECT UP TO 2		BY	TRACTED	=		RIJUANA			STATUS	TYPE	VAL	.UE	STATUS	TYPE	RESULT	SELECT UP TO 4	
UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE			□⁰	THER DRUG			DATE OF BIRTH						AGE	GENDER			
	OTAL T NAME: LAST, FIRST, WILDLE									J. J								
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE								
OTOR														1 1				
ADDRESS:	INJURED I TAKEN BY	TAKEN			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED SAFETY EQUIPME			Y EQUIPMENT	DOT-COMPLIANT SEATING POSITION			N AIR BAG I	USAGE	EJECTION	TRAPPED			
		ICENSE NUMBER	OFFENSE CHARGED LOCAL			OFFI	ENSE DESC				CITATION NUMBER							
OL STATE				CODE														
OL CLASS	SELECT UP TO 2 DIS			VER Tracted		COHOL / DRUG SUSPECTED ALCOHOL MARIJUANA		CONDITION		STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4					
			.		=	THER DRUG		l.	ı	ļ. ,		•						
	RIES	SEATING POSITION		IR BAG		OL CLAS	S		RESTRIC				ISTRACT			ST STA	TUS	
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOY				1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY				1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN			1 - NONE GIVEN 2 - TEST REFUSED				
3 - SUSPECTED		O FRONT MIDDLE						3 - CORRECTIVE LENSES			ELECTRONIC COMMUNICATIO DEVICE (TEXTING, TYPING,			N 3 - TEST GIVEN, CONTAMINATED				
4 - POSSIBLE IN				YED BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = D)				4 - FARM WAIVER			DIALING)			SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN				
5 - NO APPAREN	(MOTORCYCLE PASSENGER)		5 - NOT APP	PLICABLE E M/C MODED ONLY				XCEPT CLASS. XCEPT CLASS.		US 3 - TALKING ON HANDS-FRI COMMUNICATION DEVICE			EE TEST STUFFI PESUITS					
INJURED	ED TAKEN BY  5 - SECOND - MIDDLE  9 - DEPLOYMENT UNKNOWN			74414	6 - NO VALID OL & CLASS B BUS				4 - TALKING ON HAND				UNKNOWN					
1 - NOT TRANSP /TREATED A				7 - EXCEPT TRACTI							ATION DEVI	ALCOHOL TEST TYPE						
2 - EMS	MS (MOTORCYCLE SIDE CAR) 1 - NOT EJI					8 - INTERMEDIATE LICENS RESTRICTIONS			ELECTRONIC DEVICE				1 - NONE					
3 - POLICE	0 THIRD DICHT CIDE					9 - LEARNER'S PERMIT RESTRICTIONS				6 - PASSENGER			2 - BLOOD 3 - URINE					
9 - OTHER / UNK	0THER / UNKNOWN         9-1110- NIGHT 3.DE         3-TOTALLY           10 - SLEEPER SECTION         4-NOT APPL					10 - LIMITED TO DAYLIGHT ONLY				7 - OTHER DISTRACTION INSIDE THE VEHICLE			4 - BREATH					
SAFETY E 1 - NONE USED	TY EQUIPMENT OF IRUCK CAB			Q - MOTOR SCOOTER 11 - LIMITED TO EM			THE VEHICLE				OUTSIDE 5-OTHER							
	LDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOT TRAPPED				R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTHE S - SCHOOL BUS 13 - MECHANICAL D			R EVICES 9-OTHER/UNKNOWN				DRUG TEST TYPE 1-NONE						
	- LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRIC - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHA		VICAL MEANS			C	ONTROLS, OR O	THER	ER CONDITION				2 - BL00D					
	5 - CHILD RESTRAINT SYSTEM – CARGO AREA		3 - FREED BY			X - TANKER / HAZMAT	- ADAPTIVE DEVI			1 - ALLANCINICI NOM				J ORINE				
FORWARD FA	FORWARD FACING 13 - TRAILING UNIT 6 - CHILD RESTRAINT SYSTEM 14 - RIDING ON VEHICLE EXTERIOR		NON-MECHANICAL MEANS				15 - M	OTOR VEHICLE	S WITHOUT 3 - EMOTIONAL (E.G., DEPR			ESSED,	SSED,					
	REAR FACING (NON-TRAILING UNIT)								IR BRAKES UTSIDE MIRRO	R	ANGRY, DISTURBED)			DRUG TEST RESULT(S)				
	7 - BOOSTER SEAT 15 - NON-MOTORIST						16 - OUTSIDE MIRROR 17 - PROSTHETIC AID			4- ILLNESS 5- FELL ASLEEP, FAINTED,				1 - AMPHETAMINES 2 - BARBITURATES				
	8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED						18 - 0	18 - OTHER			FATIGUED, ETC.				DIAZEPINE	ES		
(ELBOW, KN	(ELBOW, KNEES, ETC.)											6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS			
10 - REFLECTIVE												ALCOHOL THER/UN	KNOWN		5 - COCAIN 6 - OPIATE	NE ES / OPIOID	S	
/ BICYCLE Of	LIGHTING – PEDESTRIAN BICYCLE ONLY											9- OTHER / UNKNOWN			7 - OTHER			
99 - OTHER / UNK	9 - OTHER / UNKNOWN										8 - NEGATIVE RESULTS							