OF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPOR	T NUMBER*	<b>k</b>					
OH-2 NOH-3 LOCAL INFORMATION									000	1 3	155					
PHOTOS TAKEN  SECONDARY CRASH	***********	REPORTING AGE		0 4	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 0 2 98 - ANIMAL 2 JINSOLVED 0 2 10 2 98 - ANIMAL											
COUNTY* LOCALITY*		NOT ESTATE	, VILLAGE, TOWNSH				2 - UNSOLVED 99 - UNKNOWN  CRASH DATE / TIME*  CRASH SEVERITY									
COUNTY* LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP  LOCATION: CITY, VILLAGE, TOWNSHIP*  HEATH									1.1282023. 0920. 5 1-FATAL							
	LOCATION ROAD			ROAD TYPE	LATITUDE D		SERIOUS INJURY SUSPECTED									
ROUTE TYPE ROUTE NU	S - SOUTH S - EAST S - WEST	ANDOVE	R			R D	40,031615 3- MINOR INJ									
		REFERENCE ROA	AD NAME (ROAD	, MILEPOST, HO	USE #)	ROAD TYPE	LONGITUDE	INJURY POSSIBLE								
ROUTE TYPE ROUTE NU	- SOUTH - EAST - WEST					1 6 1	-82,438	464		- PROPERTY DAMAGE ONLY						
REFERENCE POINT	DIRECTION FROM REFERENCE	- WL31	ROUTE TYP	E		ROAD TYPE	<u> </u>		INTERSECTIO							
1 - INTERSECTION 2 - MILE POST	1 - NOF 4 2 - SOU	TO	INTERSTATE ROL				RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH								
3- HOUSE #	3 - EAS 4 - WES	T 03-	FEDERAL US ROU STATE ROUTE	B	L - BOULEVARD	ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES									
DISTANCE FROM REFERENCE	DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL TE - TERRA							ROADWAY								
1 0 5	1-MILES TR-NUMBERED TOWNSHIP DR-DRIVE PI - PIKE WA-WAY								ROADWAY DIVIDED							
	3-YAR					PL - PLACE										
LOCATION 1 - ON ROADWA	N OF FIRST HARN Y 9-(	IFUL EVENT CROSSOVER	Ī	1 - NO	T COLLISION 4	COLLISION/IMPA REAR-TO-REAR	CT	DIRECTION OF TRAVE	100	MEDIAN DIVIDED FI	ITYPE LUSH MEDIAN					
0 1 2-ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS 6 BETWEEN 5-BACKING								2 - SOUTH	I I	( < 4 FEET ) - DIVIDED FLUSH MEDIAN						
3 - IN MEDIAN 11-RAILWAY GRADE CROSSING VEHICLES IN 6 - ANGLE 4 - ON ROADSIDE 12-SHARED USE PATHS OR TRANSPORT 7 - SIDESWIPE, SAME DIRECTIO								3 - EAST 4 - WEST	1-5	(≥4 FEET)						
5 - ON GORE 6 - OUTSIDE TR	10	TRAILS BIKE LANE		2 - RE, 3 - HE,		SIDESWIPE, OPPO			1	- DIVIDED, DEPRESSED MEDIAN - DIVIDED, RAISED MEDIAN						
7 - ON RAMP	14-	TOLL BOOTH OTHER/UNI							9.	(ANY TYPE) - OTHER/UNKNOWN						
8 - OFF RAMP		2.1112.117.0111	WORK ZONE TY	DE	LOCATION	OF CRASH IN WO	DV 70NE	CONTOUR	CONDIT	TIONS	SURFACE					
WORK ZONE RELAT		1-1	ANE CLOSURE	re.	1-	BEFORE THE 1ST		1	, 1		2					
WORKERS PRESEN			ANE SHIFT/CROS			WARNING SIGN ADVANCE WARNII	NG AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE						
LAW ENFORCEMEN	NT PRESENT		OR MEDIAN INTERMITTENT O			RANSITION AREA	4-	2 - STRAIGHT GRADE	2-WET		2 - BLACKTOP,					
ACTIVE SCHOOL ZO	ONE		THER	R WOVING WOR	100	TERMINATION AR	EA	3 - CURVE LEVEL	3 - SNOW		BITUMINOUS, ASPHALT					
LIGHT C	CONDITION			WEATI	HER			4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MU	UD DIRT. 4 SLAS CRAVE						
1 - DAYLIGHT			1 - CL		6 - SNOW				OIL, GRAV	VEL STONE						
2 - DAWN/DUSK 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 2 - CLOUDY 3 - FOG, SMOG, SMO					7 - SEVERE C E 8 - BLOWING		, SNOW		6 - WATER (S' MOVING)							
4 - DARK – ROADWAY NOT LIGHTED 4 - RAIN 5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLEE'					9 - FREEZING 99 - OTHER/	RAIN OR FREEZ UNKNOWN	ING DRIZZLE		7 - SLUSH	17% - Home I antoning coloridate concepts (IX.						
5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN									9 - OTHER/UN	KNUWN						
NARRATIVE						-				N	Indicate the north					
LATE REPORT			_	_	-	3					an "N" on the					
COLLIDED ON						_		ScenePD ™ - Evaluation Edition								
LIMITED INFO						Evaluation Edition	Evaluation uation Edition	Evaluation Edition Edition								
POLICE LATE COMPANY RE								TURKEE/HILLOGAS	Evaluation Editio	Evaluation Edition in						
BASED ON IN	-					Evaluation Edition	uation Edulon Evaluation	n Edition			-					
DAGED GIT III				J. 0	<i>"</i> = 1	×	\ \ \	Evaluation Edition	Evaluation Edition	Evaluation Edition						
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						Evaluation Edition	<u> </u>	Trancite (877) 908-4777	<u> </u>							
CRASH REPORTED D			DISPATCH DATE /		CAPACIONAL CONTRACTOR OF THE CAPACION AND CONTRACTOR OF THE CA	VAL DATE / TIME	·	SCENE CLEARED	DATE / TIME		POLICE AGENCY					
1,1,2,8,2,0,2,3			82023		11282		938			1 1 =	MOTORIST					
TOTAL TIME ROADWAY CLOSED INVE								CER'S NAME*			SUPPLEMENT					
					ADGE NUMBER*		Снескер	D BY OFFICER'S BADGE NUMBER*  CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO 400PS)								
	1 1		0	7 -	1 1 3	0	0 7	- 1	3 8	]						

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DEF OF PUBLI SAFETY - SERVE	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST									2 0 2 3 - 0 0 0 1 3 1 5 5									
UNIT #											D	ATE OF B	BIRTH			AGE	GENDER		
01	VELASCO, SARAH MARIE										0 2 / 1 0 / 1 9 8 7 3 6 F								
2	ADDRESS: STREET, CITY, STATE, ZIP  972 GRAFTON RD 6 NEWARK, OH 43055																		
	ES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAF									- DOT	-Complia	SEATIN	G POSITION	AIR BAG	USAGE	EJECTION	TRAPPED		
<u>5</u>	BY		USED				0 4		HELME.		1	1 1							
INJURIES  5  OL STATE  O H					OFFENSE CHARGED LOCAL CODE				NSE DESC	RIPTION				CITATION NUMBER					
O H OLCLASS	ENDORSEMENT	RESTRICTION SELECT	VER ALCOHOL / DRUG SUSPECTED				000	IDITION		ALCOHO	L TEST		DRUG TEST(S)						
	SELECT UP TO 2	RESTRICTION SEEDS	TRACTED ALCOHOL MARIJUA						STATUS	TYPE	VAL	UE	STATUS	TYPE		SELECT UP TO 4			
4 UNIT #	NAME. LAST E	EIRST MIDDLE	1 OTHER DRUG			1		1	1	• LLL	ПОТН	1	1	AGE	GENDER				
0 2											1 1						GENDER		
ADDRESS:	L STREET, CITY, ST.	ATE, ZIP						CONTACT PHONE					NE - INCLUDE AREA CODE						
<u> </u>														<del>                                     </del>					
INJURIES  5	INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN' USED G						DOT-COMPLIANT SEATING POSITION OF 1				N AIR BAG USAGE EJECTION TRAPPED  6 1 1			TRAPPED 1		
ADDRESS:  NON 1 INJURIES  OL STATE	OPERATOR L	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL				NSE DESC	RIPTION		C			CITATION NUMBER				
					CODE									DRUG TEST(S)					
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI LCOHOL   MAI	ECTED RIJUANA	CONDIT	IDITION	STATUS		L TEST VAL	UE :	STATUS	TYPE		SELECT UP TO 4		
				9	0	THER DRUG		9		1 1		<u> </u> ;		1 1					
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDE									
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE								
ADDRESS:													1	1 1	1				
INJURIES	ES INJURED EMS AGENCY (NAME)			INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED					DOT-COMPLIANT			N AIR BAG	AIR BAG USAGE   EJECTION   TRAPPED					
	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL			OFFE	NSE DESC	MC HELMET RIPTION			CITATION NUMBER							
OL STATE				CODE															
OL CLASS	ENDORSEMENT SELECT UP TO 2			DISTRACTED		OHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT						
					=	LCOHOL MARIJUANA THER DRUG													
	RIES	SEATING POSITION		AIR BAG		OL CLAS	S	4	RESTRIC			RIVER DI		100000000000000000000000000000000000000		ST STA	TUS		
1 - FATAL	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED 2 - DEPLOYED FRONT			1 - CLASS A 2 - CLASS B	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY				1 - NOT DISTRACTED 2 - MANUALLY OPERATING A			1 - NONE GIVEN AN 2 - TEST REFUSED					
	CTED SERIOUS INJURY  2 - FRONT - MIDDLE		3 - DEPLOYED SIDE			3 - CLASS C				3 - CORRECTIVE LENSES			ELECTRONIC COMMUNIC DEVICE (TEXTING, TYPI)			CATION 3 - TEST GIVEN, CONTAMINATED			
4 - POSSIBLE IN			4 - DEPLOYED BOTH FRONT / SIDE			4 - REGULAR CLASS	4 - FARM WAIVER			DIALING)			4_TEST CIVEN DESILITS KNOWN						
5 - NO APPAREN	- NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE			E MICHODED ONLY			5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A			3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS				
INJURED	NJURED TAKEN BY 5- SECOND - MIDDLE			9 - DEPLOYMENT UNKNOWN  5 - W/C WOPED UNLT  6 - NO VALID OL					CLASS B BUS	А	4 - TALKING ON HAND-HEL			LD UNKNOWN					
	NOT TRANSPORTED 6 - SECOND - RIGHT SIDE  TREATED AT SCENE 7 - THIRD - LEFT SIDE		EJECTION OL ENDORSEMENT						CEPT TRACTO					ALCOHOL TEST TYPE					
2 - EMS	- EMS (MOTORCYCLE SIDE CAR)		1 - NOT EJE		H - HAZMAT	0 - INTERWEDIATE			ELECTRONIC D				TCE 1 - NONE						
3 - POLICE	O TUIDO DICUTCIDE			LY EJECTED		M - MOTORCYCLE	DECEDICATIONS							2 - BLOOD 3 - URINE					
9 - OTHER / UNK	9 - OTHER / UNKNOWN 10 - SLEEPER SECTION		3 - TOTALLY EJECTED 4 - NOT APPLICABLE			F - FASSENGEN			10 - LIMITED TO DAYLIGHT ONLY			7 - OTHER DISTRACTION INSIDE THE VEHICLE			4 - BREATH				
	SAFETY EQUIPMENT OF TRUCK CAB			Q - MOTOR SCOOTER				11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER				8 - OTHER DISTRACTION OUTSIDE THE VEHICLE			DE 5 - OTHER				
1 - NONE USED 2 - SHOULDER B	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS,			TRAPPED R - THREE-WHEEL MOTORC  1 - NOT TRAPPED S - SCHOOL BUS				13 - ME	ECHANICAL D	EVICES 9 - OTHER / UNKNOWN			DRUG TEST TYPE 1-NONE						
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		2 - EXTRICATED BY MECHANICAL MEANS			T - DOUBLE & TRIPLE	CO	(SPECIAL BRAKE CONTROLS, OR OT			CONDITION			2 - BLOOD					
	5 - CHILD RESTRAINT SYSTEM - CARGO AREA		3 - FREED BY			X - TANKER / HAZMAT			ADAPTIVE DEVICES)  14 - MILITARY VEHICLES ONLY  15 - MOTOR VEHICLES WITHOU		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT				3 - URINE 4 - OTHER				
	FORWARD FACING 13 - TRAILING UNIT 6 - CHILD RESTRAINT SYSTEM 14 - RIDING ON VEHICLE EXTERIOR		NON-MECHANICAL MEANS								WITHOUT 3 - EMOTIONAL (E.G., DEPRE			SSED,	SED,				
	REAR FACING (NON-TRAILING UNIT)								AIR BRAKES  16 - OUTSIDE MIRROR			ANGRY, DISTURBED) 4- ILLNESS			DRUG TEST RESULT(S)				
	7 - BOOSTER SEAT 15 - NON-MOTORIST							17 - PROSTHETIC AID 18 - OTHER			4- ILLNESS 5- FELL ASLEEP, FAINTED,				1 - AMPHETAMINES 2 - BARBITURATES				
	8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED										F	FATIGUED, ETC.			3 - BENZODIAZEPINES				
(ELBOW, KNE	(ELBOW, KNEES, ETC.)										(	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS				
	0 - REFLECTIVE CLOTHING 1 - LIGHTING – PEDESTRIAN									/ ALCOHOL 9- OTHER / UNKNO			(NOWN	5 - COCAINE 6 - OPIATES / OPIOIDS			S		
/ BICYCLE ON	.1 - LIGHTING - PEDESTRIAN / BICYCLE ONLY											3			7 - OTHER				
99-OTHER/UNKNOWN															8 - NEGATIVE RESULTS				