OF PUBLIC SAFETY TRAFFIC CRASH 0H-2 0H-3	KEPORT *DENOTES MA	ANDATORY FIELD FOR SUPP	EMENT REPORT	2023-	OCAL REPORT NUMB				
PHOTOS TAKEN OH-1P OTHER	REPORTING AGENCY NAME*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
SECONDARY CRASH PRIVATE PROPERTY	Heath PD	1 - SOLVED LJ 2 - UNSOLVED		9 9 98 - ANIMAL 99 - UNKNOWN					
COUNTY* LOCALITY* 1 - CITY 4 5 1 2 - VILLAGE HEATH	CRASH DATE / TIME * CRASH SEVERITY 1 2012023 0959 3 1- FATAL								
3-TUWNSHIP	LATITUDE DECIMAL DEGREES 2 - SERIOUS INJURY SUSPECTED								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NOUTH 2 - SOUTH 3 - EAST 4 - WEST	HEBRON		R D	4 0 0 2 7 7 5 3 3 3-MINOR INJURY					
THE THE STATE OF T	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 4 - INJURY POSSIB					
C 2002	897		L	-82,444	4 0 0	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION 1 - INTERSECTION REFERENCE IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW - HIGHWAY	RD - ROAD	l —	INTERSECTION RELATERSECTION OR ON APPR	C=05-01.			
2 MILE POST 2 COUTU	FEDERAL US ROUTE AV	- AVENUE LA - LANE	SQ - SQUARE						
	NIIMBERED COUNTY ROUTE	- BOULEVARD MP - MILEPOST - CIRCLE OV - OVAL	TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY					
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR -	DISTANCE UNIT OF MEASURE 1 - MILES TR - NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY TL - TRAIL TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY								
5 0 2 2-FEET 3-YARDS	ROUTE	- HEIGHTS PL - PLACE		ROADWAY DIV	I I I I I I I I I I I I I I I I I I I				
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER		NER OF CRASH COLLISION/II COLLISION 4 - REAR-TO-RE		DIRECTION OF TRAVE 1 - NORTH	Name of the Control o	IAN TYPE D FLUSH MEDIAN			
	PADE ODOSCINO LA TWO	WEEN 5-BACKING OMOTOR IICLES IN 6-ANGLE		2 - SOUTH	(<4 FE	(< 4 FEET) 2 - DIVIDED FLUSH MEDIAN			
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS	CONTRACTOR AND	NSPORT 7-SIDESWIPE,	SAME DIRECTION OPPOSITE DIRECTION	3 - EAST 4 - WEST	(≥4 FE				
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEA			4 - DIVIDED, RAISED MEDIAN (ANY TYPE)					
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER/UN	· · · · · · · · · · · · · · · · · · ·				9 - OTHER/	UNKNOWN			
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH II		CONTOUR	CONDITIONS	SURFACE			
WORKERS PRESENT 2 -	LANE CLOSURE LANE SHIFT/CROSSOVER	WARNING SIG	N	1 CTPAIGHT EVEL	2 1-DRY	2			
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3-TRANSITION	REA	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	2-WET	1 - CONCRETE 2 - BLACKTOP,			
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY ARE 5 - TERMINATION	MINATION AREA 3 - CURVE LEVEL 3 - SNOW A						
LIGHT CONDITION	WEATH	ER		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,			
1 - DAYLIGHT 1 2 - DAWN/DUSK	1 - CLEAR 04 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING	STONE			
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED		8 - BLOWING SAND, SOIL, I	The state of the s			OVING)			
5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN	LEING BINEELL		9 - OTHER/UNKNOWN	UNKNOWN			
NARRATIVE			1 1 1			✓ Indicate the north			
Unit 1 was stopped in the pa	rking lot at Chase	Bank.			+++4	direction with an "N" on the			
Unit 2 struck unit 1 attempti	ng to pull out of th	e		ScenePD ™ - Evaluation Edition		compass diagram.			
parking lot.		Evaluation Editi	Evaluation Evaluation Edition	Evaluation Edition Edition					
		Evaluation Edition		Evaluation l	Evaluation E Evaluation Edition	dition			
		Evaluation Edition	Evaluation Evaluation Edition	n Edition	Evaluation E	dition			
			Evaluatio	Evaluation Evaluation Edition	Evaluation Edition				
		Evaluation Edition	Evaluation Edition Evaluation Edition Private Property// no diagram Evaluation Edition Evaluation Edition Evaluation Edition						
		Evaluation Edition	Evaluation Evaluation Edition	Evaluation Edition		1—			
		L-vaddon Edin		Evaluation Evaluation Edition	Evaluation E Evaluation Edition	dition			
		Evaluation Edition	Evaluatio Evaluation Edition in	n Edition	Evaluation E	dition			
		_	Evaluatio Evaluation	Evaluation l Evaluation Edition	Evaluation Edition Edition				
		Evaluation Edition	EUROR	Trancite (877) 908-4777					
AND THE PROPERTY OF THE PROPER	DISPATCH DATE / TIME 12023 0959	ARRIVAL DATE / T		SCENE CLEARED I	-Market - C. Markinson	REPORT TAKEN BY POLICE AGENCY			
12012023 0959 120 TOTAL TIME OTHER TOTAL		1 2 0 1 2 0 2 3	CHECKED BY OFF		· · · · · · · · · · · · · · · · · · ·	MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUT	Spence Spence		Markley			SUPPLEMENT (CORRECTION OR ADDITION			
0 2 9 2 9	O 7 -	DGE NUMBER* 1 5 7	O 7	BY OFFICER'S BADGE N	NUMBER* 4 7	TO AN EXISTING REPORT SENT TO ODPS)			

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

OR SUPPORT

■ MOST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

1

49 - FIRE HYDRANT

POSTED SPEED

ì

99 - OTHER / LINKNOWN

OHIO DE OF PUBL SAFETY - SER	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0 2 3 - 0 0 0 1 3 3 0 3							
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
0 1	AVERY, DEAN HERMAN								0 7 /	1 9 / 1 9	6 1	6 2	ļ. ,		
ADDRESS	: STREET, CITY, ST	STREET, CITY, STATE, ZIP								PHONE - INCLUDE AREA C	ODE	1			
14 N 81	TH ST NEW	ARK, OH 43055													
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-CON	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
2 3	Inv 3	Heath FD		Lickir	ng Me	morial		0 4	MC HEL		_ _1	_1	_1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	N NUMBER			
ADDRESS 14 N 87 INJURIES OL STATE O H															
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted	_	OHOL / DRUG SUSPI		CONDITION	STATUS TY	OHOLTEST PE VALUE		RUG TEST(S YPE RESULT	SELECT UP TO 4		
. 4	ļ		BY		=	LCOHOL MAI THER DRUG	RIJUANA	1 1	<u>. </u>						
UNIT #	NAME: LAST, F	FIRST MIDDLE							DATE OF BIRTH		AGE	GENDER			
0 2		DANIEL JOSEPH							1 0 /	0 4 / 1 9	9 .5 .0	7 3	M		
	: STREET, CITY, STA									PHONE - INCLUDE AREA C					
ADDRESS VALUE INJURIES	VALNUT RE	BUCKEYE LAKE, OF	I 43008												
O INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		- DOT C	N AIR BAG US	AIR BAG USAGE EJECTION TRAPPED				
NON 5	TAKEN BY							USED 0 4	DOT-COMPLIANT O 1			, ,, ,,			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN				OFFENSE DESC	RIPTION		CITATION NUMBER				
OL STATE						CODE									
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER ALCOHOL / DRUG SUSPECTED			CONDITION	ALC:	OHOL TEST PE VALUE						
4			ВУ	8	=		RIJUANA		1 1		1 1	L			
UNIT #	NAME: LAST, F	EDET MIDDLE			Ц°	THER DRUG			ت الت	DATE OF BIRTH		AGE	GENDER		
ONII #	NAME: LASI, F	TRS1, MIDDLE								DATE OF BIRTH		AGE	GENDER		
ADDRESS	: STREET, CITY, ST	ΔΤΕ 71P								CONTACT PHONE - INCLUDE AREA CODE					
SE AND RES		A1 5, 211							CONTACT	TIONE - INCLUDE AREA C	ODE				
WONDAM INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
	TAKEN BY							USED	DOT-COM						
OL CLASS	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	DESCRIPTION			CITATION NUMBER			
OL CLASS	IL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DI			TRACTED			CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO					
			BY		=	_	RIJUANA								
INJU	JRIES	SEATING POSITION		IR BAG	Ц°	THER DRUG OL CLAS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST STA	TUS		
1 - FATAL		1 - FRONT - LEFT SIDE	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER	and the second s	1 - NOT DISTRACTED		NONE GIVEN			
	SERIOUS INJURY MINOR INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOY			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATIN ELECTRONIC COMMUN	ICATION	TEST REFUSED TEST GIVEN, CON	TAMINATED		
4 - POSSIBLE II		3 - FRONT - RIGHT SIDE	4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER	IVSES	DEVICE (TEXTING, TYPING, DIALING)		SAMPLE / UNUSABLE					
5 - NO APPAREI	NT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)		OT APPLICABLE (OHIO = D) 5 - M/C MOPED ONLY			5 - EXCEPT CLASS A BUS		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS				
INJURED	INJURED TAKEN BY 5- SECOND - MIDDLE					MENT UNKNOWN 5 - W/C MUPED UNLY 6 - EXCEPT CLASS 6 - NO VALID OL & CLASS B BUS				4 - TALKING ON HAND-HI		ELD UNKNOWN			
	1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE /TREATED AT SCENE 7 - THIRD - LEFT SIDE			7 - EXCEPTITACT 8 - INTERMEDIAT					COMMUNICATION DEV 5 - OTHER ACTIVITY WITH	AN A	ALCOHOL TEST TYPE				
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE	1-	NONE BLOOD			
	0 THIRD DICHT CIDE			ALLY EJECTED M - MOTORCYCLE LY EJECTED P - PASSENGER			9 - LEARNER'S PERMIT RESTRICTIONS		6 - PASSENGER 7 - OTHER DISTRACTION		3 - URINE				
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP			N - TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICLE		BREATH			
	1 - NONE USED 11 - PASSENGER IN OTHER			Q - WOTON SCOULER			12 - LIMITED - OTHER THE VEHICLE		8 - OTHER DISTRACTION (THE VEHICLE						
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TR.			PPED S-SCHOOL BUS 13-1			13 - MECHANICAL DEVICES		9 - OTHER / UNKNOWN		DRUG TEST NONE	TYPE			
			2 - EXTRICA MECHAN	RICATED BY T - DOUBLE & TRIPLE TRAILERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION		2 - BL00D				
5 - CHILD RESTRAINT SYSTEM -		CARGO AREA	CARGO AREA 3 - FREED BY			X - TANKER / HAZMAT		14 - MILITARY VEHI	2 70 TARCETTE NOTABLE			3 - URINE			
	- CHILD RESTRAINT SYSTEM _ 14 - RIDING ON VEHICLE EXTERIOR		TVOIN-IVIE	OLIGITARE WEARS			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED,		4-OTHER				
REAR FACIN	REAR FACING (NON-TRAILING UNIT)						16 - OUTSIDE MIRROR		ANGRY, DISTURBED) 4- ILLNESS		DRUG TEST RESULT(S) 1-AMPHETAMINES				
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN						17 - PROSTHETIC AID		5- FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES				
9 - PROTECTIV	9 - PROTECTIVE PADS USED						18 - OTHER		6- UNDER THE INFLUENCE		3 - BENZODIAZEPINES 4 - CANNABINOIDS				
	(ELBOW, KNEES, ETC.) - REFLECTIVE CLOTHING								OF MEDICATIONS / DRUG / ALCOHOL			S 4 - CANNABINOIDS 5 - COCAINE			
11 - LIGHTING - / BICYCLE 0	HTING - PEDESTRIAN									9- OTHER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER			
	THER / UNKNOWN											NEGATIVE RESU	LTS		

	OHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
<u>ب</u> د	W- WALL-MARIETING OCCUPANTI / WITHINGS ADDENDUN							2023	- 00	0 1 3	3 0	3		
	UNIT #	# NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
	01	AVERY,	TAYLOR LYNN	0 8 / 0 4 / 1 9 9 8 2 5 F										
OCCUPANT		STREET, CITY, STATE, ZIP GRADINGTON DR WESTERVILLE, OH 43081							CONTACT PHONE - INCLUDE AREA CODE					
8		INJURED	EMS AGENCY (NAME)	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED										
ı	5	TAKEN BY					USED 0 4	MC HELMET	0 6	1 ,	1 ,	1		
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATI	OF BIRTH		AGE	GENDER		
	01	AVERY,	LORA ANN					1 0 / 0 /	4 / 1 9	6 9	5 4	F		
NA	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
OCCUPAN	14 8TH	ST NEW	ARK, OH 43055											
8	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
	5	BY				MC HELMET	0 3	1	1	_1				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATI	OF BIRTH		AGE	GENDER		
	01	PAUL, Z	ACHARY G					CONTACT PHONE - INCLUDE AREA CODE						
IPAN	ADDRESS:	: STREET, CITY,	STATE, ZIP											
OCCUPANT	*********							SEATING POSITION AIR BAG USAGE			Levenson			
		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET						
5	5						0 6		0 5	1	105	1		
ı	UNIT #		T, FIRST, MIDDLE						OF BIRTH	9 9	AGE	GENDER		
늘		STREET, CITY,	MATHEW DEAN					0 8 / 1 9 / 1 9 9 9 9 2 4 CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT			WARK, OH 43055						- INCEUDE AREA CO					
8		INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT				SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	5	TAKEN BY					USED 0 4	MC HELMET	0 4	1	1 ,	1		
Ī		INJU	IRIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
	1 - FATA	AL		1 - NONE US			T - LEFT SIDE	ED)	1 - NOT DE	PLOYED				
			RIOUS INJURY		ER BELT ONLY USED T ONLY USED (MOTORCYCLE I 2 - FRONT - MIDDL 3 - FRONT - RIGHT			EK)		YED FRONT				
			NOR INJURY						3 - DEPLO					
		SIBLE INJU PPARENT I		4 - SHOULDE	ER & LAP BELT USED		ND – LEFT SID ORCYCLE PASS		4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE					
					ESTRAINT SYSTEM –		ND – MIDDLE							
		TRANSPOR	TAKEN BY		D FACING 6 - SECOND - RIGHT SI ESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE			9 - DEPLOYMENT UNKNOWN						
		EATED AT S		REAR FA	(1107070101701701701701701701701701701701			CAR)		EJECTION				
	2 - EMS 7 - B00STER				SEAT		1 - NOT EJ	L - NOT EJECTED						
	3 - POLICE 8 - HELMET						PER SECTION (2 - PARTIALLY EJECTED				
	9 - OTHER / UNKNOWN 9 - PROTECT (ELBOW,				KNEES, ETC.)	11 - PASSENGER IN OTH CARGO AREA (NON-TI			3 - TOTALLY EJECTED 4 - NOT APPLICABLE					
				10 - REFLECT	IVE CLOTHING	BUS, P	PICK-UP WITH CA)	TRAPPED					
	11 - LIGHTIN / BICYCL 99 - OTHER/				13 - TRAILING UN			NCLOSED	1 - NOT TRAPPED					
										2 - EXTRICATED BY MECHANICAL				
							IG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS					
							MOTORIST R/UNKNOWN		3 - FREED MEANS	BY NON-ME	CHANIC	AL		
	NAME: LAS	ST, FIRST, MIDD	LE					DATI	OF BIRTH		AGE	GENDER		
WITNESS									1 1 1		أــــــــــــــــــــــــــــــــــــــ			
MIM	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
٥,	MARIE	OF PIPOP	15					DATE OF DATE:						
SS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
⋛														
6	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER							
WITNESS	ADDDECC CORPER AND COLUMN AND COL													
ΜI	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
									1 1					