OF PUBLIC SAFETY BAFETY - SERVICE - PROTECTION	IRA	FFIC T OH-2	CRASI		PORT CAL INFORMA	*DENOTES	MANDATO	ORY FIE	LD FOI	RSUPPL	EMEN	T REPORT	2	0 2	23.			1 3	
SECONDARY CRASH OH-1P OTHER PROPERTY PRIVATE PROPERTY Heath PD OH-2 OH-3 REPORTING AGENCY NAME* NCIC* O4 5 0 7							HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 0 2 0 1 98 - ANIMAL 99 - UNKNOWN												
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP* 4.5 1 2 - VILLAGE HEATH HEATH								1 2	CRASH DATE / TIME * CRASH SEVERITY 1 2152023 1842 5 1 - FATAL 2 - SERIOUS INJURY										
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST HEBRON										20.00					SUSPECTED MINOR INJURY				
S R 79							Her #	•		R D		SUSPECTED							
2 - SOUTH 3 - EAST 764							103E #	,	,	OAD ITEE	1	-82,438070 5-PROPERTY DAMAG					PROPERTY DAMAGE		
REFERENCE POINT DIRECTION TO THE PROPERTY OF THE POINT OF THE PO							ROAD	TYPE	<u> </u>							RELATED	ONLI		
1-INTERSECTION 2-MILE POST 4 2-SOUTH US-FEDERAL US ROUTE AV -AVENUE AV -AVENUE							LA - LA		SQ	- ROAD - SQUARE	K] WITH	HIN INTE	RSECTIO	N or ON	APPR0A0	:н 4		
3 - HOUSE # 3 - EAST 4 - WEST SR - STATE ROUTE BL - BOULEVARD CR - CIRCLE								MP - M OV - O			- STREET - TERRACE	K	WITH	HIN INTE	RCHANG		1000000000	BER OF APPROACHES	
DISTANCE FROM REFERENCE	Ü		ASURE MILES	TR - NUN	MBERED COU MBERED TOW		CT - COUR DR - DRIVE			PK - PARKWAY TL - TRAIL ROADWAY									
1 2 7			FEET YARDS	ROL	JTE		HE - HEIG		PL - Pl				L	ROAL	DWAY DI	VIDED			
1 - ON ROADWAY 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING 4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS 1 - NOT COLLISION A BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 7 - RAILS 2 - REAR-END 8							SION 4 R 5 IN 6 IT 7	H COLLISION/IMPACT 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			2 - D (3 - D 4 - D	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN			
WORK ZONE RE	ELATED				ORK ZONE TY	PE	LO			RASH IN				CONTO	UR	CC	NDITIO	INS	SURFACE
WORKERS PRE	SENT			2 - LAN	IE CLOSURE IE SHIFT/CRO				- BEFORE THE 1ST WORK ZONE WARNING SIGN - ADVANCE WARNING AREA				1 CIDAICHTHEVEL 1 DR			1 DDV	1	1 2	
LAW ENFORCE	MENT	PRESENT	<u>L</u>	or N	RK ON SHOULI MEDIAN			— 3 -	TRANSITION AREA				1 - STRAIGHT LEVEL 1 - DRY 2 - STRAIGHT GRADE 2 - WET				2 - BLACKTOP,		
ACTIVE SCHOO	L ZONE			4 - IN IE 5 - OTH	ERMITTENT 0 ER	R MOVING W	ORK		TERMINATION AREA				SURVE LEVEL 3-SNOW ASPHAL				BITUMINOUS, ASPHALT		
1 - DAYLIGH 2 - DAWN/DU	IT JSK	DITION	AV.	١	-	EAR OUDY		EVERE		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAC STOIL GRAVEL 5 - DIRT			3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT						
3 - DARK – L 4 - DARK – R 5 - DARK – U 9 - OTHER/	ROADWA JNKNOV	VN ROADV	GHTED	NG	4 - RA		9 - FI	REEZIN	G SAND, SOIL, DIRT, SNOW NG RAIN OR FREEZING DRIZZLE / UNKNOWN				1 1			7 - SLUS 9 - OTHE	Н	NOWN	9 - OTHER/UNKNOWN
NARRATIVE	_			_					-	ļ	1					L		N	Indicate the north
Unit 2 was Unit 1 was					_				-									4	an "N" on the compass diagram.
Unit 2 had		_				_			Scen8PD ™ - Evaluation Edition Evaluation Edition Evaluation Edition										
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CRASH REPORTI	ED DAT	E/TIME		DISF	PATCH DATE /	TIME		ARR	IVAL	DATE / T	IME			1 1		DATE / TI	ME	100,000	PORT TAKEN BY
1,2,1,5,2,0,2			2 12	157	2023		3 1 2	152	2 0 2	2,3		45 1			<u> </u>	3 2	0,0	• =	POLICE AGENCY MOTORIST
TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES RISCH										Снес Ма	rkley	ICER'S	S NAME	*			H	SUPPLEMENT	
	2	0 ,	8	2 ,	0	OFFICER'S	BADGE NI	UMBER		3	0	Снескев 7	ву OFI	FICER'S -	BADGE 1	NUMBER 4	* 7		(CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO ODPS)

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

OHO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST									2 0 2 3 - 0 0 0 1 3 8 0 6						
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE G						
0 1	HYNUS, TROY RAY								1 1 /	1 0 / 1 9	7 2	5 1	M		
ADDRESS	STREET, CITY, STATE, ZIP								CONTACT PI	HONE - INCLUDE AREA	ODE				
ADDRESS 319 MA INJURIES 5	RKET ST SOMERSET, OH 43783														
INJURIES	INJURED EMS AGENCY (NAME) INJURED TAKEN					TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-Comp	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
<u>5</u> _ 5	BY							0 4	MC HELM	MET 0 1	11	_1	1		
OL STATE	OPERATOR L	OFFENSE CHARGED LOCAL CODE				OFFENSE DESC	RIPTION			NUMBER					
				313.01			313.01				47				
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Tracted	_	DHOL / DRUG SUSPI LCOHOL MAI		CONDITION	STATUS TYP	HOL TEST E VALUE		PE RESUL	SELECT UP TO 4		
4				1	=	THER DRUG	MOUANA	1 1	1 1		1 1	. , "			
UNIT #	NAME: LAST, FIRST, MIDDLE							1		DATE OF BIRTH		AGE	GENDER		
0 2	LESLIE, RAYMOND M								0 7 /	1 0 / 1	9 6 0	6 3	M		
Z ADDRESS	: STREET, CITY, ST	ATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
35 ROE INJURIES 5	AVE NEW	ARK, OH 43055													
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED 7	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Comp	SEATING POSITIO	N AIR BAG US				
	BY							0 4	MC HELM	LMET 0 1 1		. 1 1			
OL STATE OL CLASS	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATION NUMBER				
OL CLASS				ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA				CONDITION	STATUS TYP	HOLTEST PE VALUE		RUG TEST(S PE RESULT	SELECT UP TO 4		
4				1	=	THER DRUG	MOOANA	1	1 1		1 1	.			
UNIT#	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP										ODE	1			
DIOR															
ADDRESS INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Comp		N AIR BAG US	AGE EJECTION	TRAPPED		
	OL STATE OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE DRIVER ALCOHOL / DRUG SUSPECTED				MC HELM							
OL CLASS							OFFENSE DESC	RIPTION	CITATION NUMBER						
OL CLASS							CONDITION	ALCOHOL TEST		n	DRUG TEST(S)				
UL GLASS	SELECT UP TO 2	KESTRISTISM SEEEST		TRACTED		_	RIJUANA	CONDITION	STATUS TYP	E VALUE			SELECT UP TO 4		
					0	THER DRUG				_ •					
	URIES	SEATING POSITION		IR BAG		OL CLASS 1 - CLASS A	S	OL RESTRIC	unitaria de la companya de la compa	DRIVER DISTRAC		TEST STA	TUS		
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		1 - NOT DISTRACTED 2 - MANUALLY OPERATIN		NONE GIVEN TEST REFUSED			
	MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LE	NSES	DEVICE (TEXTING, TY	DINIC 3-	TEST GIVEN, CON SAMPLE / UNUSA			
4 - POSSIBLE II 5 - NO APPAREI		4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOT APP	ED BOTH FRO LICABLE	INT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS	DIALING) 3 - TALKING ON HANDS-F	4-	TEST GIVEN, RES			
		(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		MENT UNKNO	OWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS	A	COMMUNICATION DEV	ICE 5-	TEST GIVEN, RES UNKNOWN	ULTS		
1 - NOT TRANSF		6 - SECOND - RIGHT SIDE						& CLASS B BUS 7 - EXCEPT TRACTO		4 - TALKING ON HAND-HE COMMUNICATION DEV	ICF	LCOHOL TE	ST TYPE		
/TREATED A 2 - EMS	AT SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	CTED		OL ENDORSE	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	I AN	NONE	_		
3 - POLICE		8 - THIRD - MIDDLE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER		6 - PASSENGER		BLOOD			
9 - OTHER / UNI	KNOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	EJECTED F-FASSENGER				RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE 4 - BREATH				
	QUIPMENT	OF TRUCK CAB		Q - MOTOR SCOOTER				11 - LIMITED TO EM	COTINE	8 - OTHER DISTRACTION (OUTSIDE 5-	5 - OTHER			
	1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAIL ING UNIT BIS 1 - NOT			TRAPPED R-THREE-WHEEL MOTORCYCLE				12 - LIMITED - OTHE 13 - MECHANICAL D		9 - OTHER / UNKNOWN		DRUG TEST TYPE			
3 - LAP BELT OF	NLY USED	PICK-UP WITH CAP) 2 - EXTRICATI			ATED BY T - DOUBLE & TRIPLETRALIERS			(SPECIAL BRAK CONTROLS, OR O		CONDITION		1 - NONE 2 - BLOOD			
	& LAP BELT USED "RAINT SYSTEM –	_ CARGO AREA 3-FREED B			NICAL MEANS X - TANKER / HAZMAT				CES)	1 - APPARENTLY NORMAL	3-	3 - URINE			
FORWARD F	ACING	13 - TRAILING UNIT	ECHANICAL MEANS				14 - MILITARY VEHI 15 - MOTOR VEHICLE AIR BRAKES	E THIOTORE INITIALITY		ESSED,	4-OTHER				
6 - CHILD REST REAR FACIN	RAINT SYSTEM – IG	(NON-TRAILING UNIT)								ANGRY, DISTURBED) 4 - ILLNESS	DF	DRUG TEST RESULT(S)			
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN								5 - FELL ASLEEP, FAINTE		1 - AMPHETAMINES 2 - BARBITURATES			
9 - PROTECTIVI	E PADS USED		UINEK/ UNKNUWN					18 - OTHER		FATIGUED, ETC. 6 - UNDER THE INFLUENC	F	3 - BENZODIAZEPINES			
	(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING									OF MEDICATIONS / DRU / ALCOHOL	JGS 4-	4 - CANNABINOIDS 5 - COCAINE			
11 - LIGHTING -	11 - LIGHTING - PEDESTRIAN									9 - OTHER / UNKNOWN	6-	6 - OPIATES / OPIOIDS			
/ BICYCLE 0 99 - OTHER / UNI											7 - OTHER 8 - NEGATIVE RESULTS				

Ũ	OCCUPANT / WITNESS ADDENDUM OF PUBLIC SAFETY OF PUBLIC S									ORT NUMBER	8 0	6				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE	DAT	E OF BIRTH		AGE	GENDER								
	02	MACY, JOEL ADAIR							3 / 1 9	8 7	3 6					
PAN	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	384 KYBER RUN CIR JOHNSTOWN, OH 43031 INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT															
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT-COMPLIANT	SEATING POSITION									
5	5				0 3	1	1	_1								
	UNIT # NAME: LAST, FIRST, MIDDLE								E OF BIRTH		AGE	GENDER				
Į	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
OCCUPAN																
8	INJURIES INJURED EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILIT	— DOT Coveryour	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED							
		TAKEN BY				USED	MC HELMET				ر ا					
ì	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GEND								
PAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
OCCUPAN	INJURIES INJURED EMS AGENCY (NAME) TAKEN BY				SEATING POSITION AIR BAG US			<u> </u>								
				INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	JN TRAPPED					
٥	UNIT #		T FIRST MIDDLE						E OF DIDTH		ACE	CENDED				
	UNII #	NAIWIE: LAS	T, FIRST, MIDDLE					DAI	DATE OF BIRTH AGE GENDER							
LN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
OCCUPAN									1 1	1 1	1 1	1 1				
ä	INJURIES INJURED EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUI			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
		BY					USED	MC HELMET								
			JRIES		Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE					
	1 - FATAL 1 - NONE US VEHICLE				ED - OCCUPANT	ER)	PLOYED YED FRONT									
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 2 - SHOULDE 4 - SHOULDE			ER BELT ONLY USED		IT – MIDDLE	_	3 - DEPLO								
				T ONLY USED		IT – RIGHT SID IND – LEFT SID		4 - DEPLO								
				ER & LAP BELT USED		ORCYCLE PASS	SENGER)		FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN							
l	INJURED TAKEN BY FORWAR 1 - NOTTRANSPORTED 6 - CHILD RI				ESTRAINT SYSTEM – D FACING		ND – WIDDLE ND – RIGHT SI	DE								
					ESTRAINT SYSTEM -		D – LEFT SIDE	CAR)	, 52, 20							
						D – MIDDLE	CAIC	1 - NOT EJ	EJECTION FOR THE PROPERTY OF T	ИV						
						D – RIGHT SIDE			2 - PARTIALLY EJECTED							
				TIVE PADS USED		ENGER IN OTH		3 - TOTALI								
	10 - REFLECT				KNEES, ETC.)		O AREA (NON-T PICK-UP WITH CA		4 - NOT AP							
					G – PEDESTRIAN	ENGER IN UNE	NCLOSED	TRAPPED								
							LING UNIT		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC.			CAL				
					UNKNUWN	14 - RIDING ON VEHICLI (NON-TRAILING UNIT)		EXTERIOR	MEANS			GAL				
							MOTORIST		3 - FREED MEANS	BY NON-ME	CHANIC	AL				
						99 - OTHE	ER / UNKNOWN					1				
SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER				
WITNESS	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE						
≥									1 1							
,,	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER								
WITNESS																
MI	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
5	NAME: LAST, FIRST, MIDDLE							DAT	DATE OF BIRTH AGE GENDER							
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WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
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