OF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT										LOCAL REPORT NUMBER*									
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION									2	0 2	3 -	0 (0 0	0 0	0 5 9	_11_			
SECONDARY CRASH		OTHER PROPERTY	REPORTING AGENCY NAME* Heath PD O 4 5 0 7							HIT/SKIP NUMBER OF UNITS UNIT IN ERROR									
COUNTY* LOCALITY* 1 - CITY LOCATION: CITY, VILLAGE, TOWNSHIP*									CRASH DATE / TIME* CRASH SEVE										
4,5 1 2-VILLAGE HEATH										0,1022023, 0827, 2 - SERIOUS INJURY									
ROUTE TYPE ROUTE NU		ROAD TYPE LATITUDE DECIMAL DEGREES							SUSPECTED MINOR INJUI	RY									
		3 - EAST 4 - WEST 1 - NORTH	REFERENCE RO		MILEPOST H	niise #1		R D ROAD TYPE	SUSPE						SUSPECTED INJURY POSS	SIRI F			
ROUTE TYPE ROUTE NU	, MILEF 03 I, II	JUSE #1		KOAD IIFE	- 8 43152 5-PROF						PROPERTY D								
REFERENCE POINT		ROAD TYP	E						CTION R		ONLY								
1 - INTERSECTION 2 2 - MILE POST	ALLEY / - AVENUE	HW-HIGHWA	AY RE	O - ROAD O - SQUARE		WITH			N OR ON A		Н								
3 2-MILE POST 3-HOUSE #	MP - MILEPO	ST ST	- STREET								DACHES								
4 - WEST SR - STATE ROUTE CR - CIRCLE OV - OVAL TE - TE FROM REFERENCE UNIT OF MEASURE CR - NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY TL - TR										ROADWAY									
	1 - MILES 2 - FEET ROUTE DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE											ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT										DIRECTION OF TRAVEL MEDIAN TYPE									
	1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION BETWEEN 10 - DRIVEWAY/ALLEY ACCESS 1 TWO MOTOR								1-NORTH				1 - DIVIDED FLUSH MEDIAN (< 4 FEET)						
3 - IN MEDIAN 4 - ON ROADSIE	HICLES IN 6	- ANGLE - SIDESWIF	PE, SAME	DIRECTION		3 - E	AST VEST	AST 2 - DIVIDED FLUSH MED											
4 - ON ROADSIDE 12-SHARED USE PATHS OR TRANSPORT 7 - SIDESWIPE, SAME DIRECTION 5 - ON GORE TRAILS 2 - REAR-END 8 - SIDESWIPE, OPPOSITE DIRECT 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN										3 - DIVIDED, DEPRESSED 4 - DIVIDED, RAISED MED									
7 - ON RAMP 14-TOLL BOOTH 8- OFF RAMP 99-OTHER/UNKNOWN											(ANY TYPE) 9 - OTHER/UNKNOWN								
WORK ZONE RELAT	TED		WORK ZONE TY	PE	LOCATIO	N OF CRASH	IN WOF	RK ZONE	CONTOUR CONDI				NDITION	TIONS SURFACE					
WORKERS PRESEN			LANE CLOSURE LANE SHIFT/CRO	SS0VER	1.	BEFORE TH WARNING S		ORK ZONE	1 1 1				1	<u> </u>					
LAW ENFORCEMEN	NT PRESENT	3-1	WORK ON SHOUL OR MEDIAN		14 NO. 111	- ADVANCE WARNING AREA - TRANSITION AREA				1 - STRAIGHT LEVEL 1 - DRY 2 - STRAIGHT GRADE 2 - WET				1 - CONCRETE					
ACTIVE SCHOOL ZO	ONE:	4 -	INTERMITTENT O	R MOVING WOR	K 4	ACTIVITY A	REA	٨	2 - STRAIGHT GRADE 2 - WET 3 - CURVE LEVEL 3 - SNOW			I	2 - BLACKTOP, BITUMINOUS, ASPHALT						
	CONDITION	5.5.	T	M/F ATI		4 - CURVE GRADE 4 - ICE								3 - BRICK/BL	N 1000000				
1 - DAYLIGHT			1 - CI		6 - SNOW				9 - OTHER/UNKNOWN 5 - SAND, M OIL, GRA										
1 2 - DAWN/DUSK 7 - SEV 3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLC						CROSSWIND G SAND, SOII		SNOW	6 - WATER (
4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL						9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN						7 - SLUS		INKNOWN					
9-OTHER/UNK	CNOWN											9-0111	I I I	CVV IN	***************************************				
NARRATIVE Unit 1 said	ho was n	arkod i	n the Gia	nt Eagla			1		1		1 1	1		N)	Indicate to	with			
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in the lot. Uni				-				Evaluation	E	ePD ™ - Evak						2			
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TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES ROBERTS								CHECKED BY OFFICER'S NAME*					MOTORIST SUPPLEMEN	IT.					
OFFICER'S BADGE NUMBER*								Снескер	BY OFF	ICER'S		IUMBER'		1 —	CORRECTION OR TO AN EXISTING REPORT	ADDITION			
	1 1		0	7 -	1 ,	4 9		7		<u> </u>	1	3	0	ı					

OHIO DEPARTMENT
OF PUBLIC SAFETY
SAFETY - SERVICE - PROTECTION

OHIO DEI OF PUBLI SAFETY - SERV	SONO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST									2 3 - 0	O O	_	0 5	9					
UNIT #										DATE OF BIR	тн		AGE	GENDER					
0 1	· ·	CHRISTOPHER R	0 6 / 1 8 / 1 9 5 2 7 0 M																
2	ADDRESS: STREET, CITY, STATE, ZIP 976 Briarhill DR Newark, OH 43055 CONTACT PHONE - INCLUDE AREA CODE D D D D D D D D D D D D D D D D D D																		
INJURIES	INJURED I	AKEN TO	D: MEDICAL FACILITY (NAME, CITY) SAFETY EQU			DOT-C	DSITION AIR B	AG USAGE	EJECTION	TRAPPED									
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OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	VER ALCOHOL / DRUG SUSPECTE				CONDITION		TYPE VALUE	STATUS		RESULT	SELECT UP TO 4						
4			OTHER DRUG								_ال_ا								
UNIT#	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIR	ТН		AGE	GENDER					
O 2 ADDRESS:	STREET, CITY, ST.	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE										
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 9 9 6 1 1 1 OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED CODE OL CLASS ENDORSEMENT RESTRICTION SELECTIVE TO 3. DRIVER ALCOHOL ADDICESTICS.																			
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				CODE					A.1	COHOL TEST	DRUG TEST(S)								
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	VER TRACTED ALCOHOL DRUG SUSPECTED ALCOHOL MARIJUAN				CONDITION		TYPE VALUE	STATUS	TYPE		SELECT UP TO 4						
	INIT 4 MARE LAST FIRST MARKE				0	THER DRUG		9	1	1	1	1		Lacusco					
UNII #	UNIT # NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH AGE GENDER								
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE								
ADDRESS:	INJURED	EMC ACENCY (NAME)		INJUREDT	AVENTO	. MEDICAL FACILITY	WARE DITIO	SAFETY EQUIPMENT		SEATING DO	1CITION AID D	AG USAGE	EJECTION	TRADDED					
INJURIES	TAKEN BY	TAKEN			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED					DOT-COMPLIANT SEATING POSITION AIR E			BAG USAGE EJECTION TRAPPED						
OL STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHARGED LOCAL O				OFFENSE DESC	RIPTION	'	CIT	CITATION NUMBER								
OL CLASS	LASS ENDORSEMENT RESTRICTION SEI		TUPTO3 DRIVER ALCO		DHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		I CTATUS	DRUG TEST(S) STATUS TYPE RESULT SELECT UP 1								
	SELECT OP 10 2	SELECT UPTO 2				LCOHOL MARIJUANA THER DRUG			STATUS TYPE VALUE		STATUS	STATUS THE RESULT		SELECT UP TO 4					
INJU	RIES	SEATING POSITION	A	IR BAG	υΰ	OL CLASS	S	OL RESTRIC	TION(S)	DRIVER DIST	RACTION	T	EST STA	TUS					
1 - FATAL	ATAL 1-FRONT - LEFT SIDE		1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTE		1 - NONE GIVEN							
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY		2 - FRONT - MIDDLE	ED FRONT 2 - CLASS B ED SIDE 3 - CLASS C				2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPE ELECTRONIC CO	MMUNICATION	2 - TEST REFUSED ON 3 - TEST GIVEN, CONTAMINATED								
4 - POSSIBLE INJURY		3 - FRONT - RIGHT SIDE	ED BOTH FROM	NT / SIDE	4 - REGULAR CLASS		4 - FARM WAIVER		DEVICE (TEXTIN	NG, TYPING,	SAMPLE / UNUSABLE								
5 - NO APPAREN	IT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	LICABLE		(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 - TALKING ON HAI										
INJURED	INJURED TAKEN BY 5- SECOND - MIDDLE		9 - DEPLOYMENT UNKNOWN 5 - W/C WOPED UNLY 6 - NO VALID OL					6 - EXCEPT CLASS A & CLASS B BUS	4	COMMUNICATIO 4 - TALKING ON HAI		UNKNOWN							
	L-NOTTRANSPORTED 6-SECOND = RIGHT SIDE /TREATED AT SCENE 7-THIRD = LEFT SIDE		E IECTION OL ENDODSEMENT					7 - EXCEPT TRACTO	R-TRAILER	COMMUNICATIO	N DEVICE	ALCOHOL TEST TYPE							
	2 - EMS (MOTORCYCLE SIDE CAR)		1 - NOT EJECTED OL ENDORSEME 1 - NOT EJECTED H - HAZMAT					8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY ELECTRONIC DE		1 - NONE							
3 - POLICE	3 - POLICE 8 - THIRD - MIDDLE			LY EJECTED		M - MOTORCYCLE	DRCYCLE 9 - LEARNER'S PER			RMIT 6 - PASSENGER			2 - BLOOD						
9 - OTHER / UNK	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION					P - PASSENGER	10 LIMITED TO DAY			7 - OTHER DISTRACTION // IGHT ONLY INSIDE THE VEHICLE			3 - URINE 4 - BREATH						
SAFETY E	SAFETY EQUIPMENT OF TRUCK CAB			Q-MOTOR SCOOTER 11					PLOYMENT	8 - OTHER DISTRAC	5 - OTHER								
1 - NONE USED 2 - SHOULDER E	2 - SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,		TRAPPED R - THREE-WHEEL MOTORCYCLE 1 - NOTTRAPPED S - SCHOOL BUS					12 - LIMITED - OTHE 13 - MECHANICAL DI	EVICES	9 - OTHER / UNKNO	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	CONTROLS, OR O	(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		ION	2 - BL00D								
5 - CHILD REST	RAINT SYSTEM -	CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS			X - TANKER / HAZMAT		14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL NLY 2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER							
	FORWARD FACING 13 - TRAILING UNIT 6 - CHILD RESTRAINT SYSTEM 14 - RIDING ON VEHICLE							15 - MOTOR VEHICLE		3 - EMOTIONAL (E.G	3 - EMOTIONAL (E.G., DEPRESSED,								
REAR FACIN	G	(NON-TRAILING UNIT)						AIR BRAKES 16 - OUTSIDE MIRRO	R	ANGRY, DISTURBED) 4- ILLNESS		DRUG TEST RESULT(S) 1-AMPHETAMINES							
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HEI MET LISED 99 - OTHER / UNKNOWN						17 - PROSTHETIC AIL		5 - FELL ASLEEP, FA	1 - AMPHETAMINES 2 - BARBITURATES									
	8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED							18 - OTHER		FATIGUED, ETC. 6- UNDER THE INFL	HENCE	3 - BENZODIAZEPINES							
(ELBOW, KN	(ELBOW, KNEES, ETC.)									OF MEDICATIONS	OF MEDICATIONS / DRUGS			4 - CANNABINOIDS					
	10 - REFLECTIVE CLOTHING 11 - LIGHTING – PEDESTRIAN									/ ALCOHOL 9- OTHER / UNKNOW	9- OTHER / UNKNOWN			5 - COCAINE 6 - OPIATES / OPIOIDS					
/ BICYCLE Of	/ BICYCLE ONLY										7 - OTHER								
99 - OTHER / UNKNOWN												8 - NEGA	TIVE RESUL	LTS					