OHIO DEPARTMENT OF PUBLIC SAFETY SAFETY - SAFETY	RASH R	LOCAL REPORT NUMBER*													
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT **DENOTES MANDATORY FIELD FOR SUPPLEMENT FIELD FOR SUPPLEME									2023-00000934						
SECONDARY CRASH	OH-1P PRIVATE P	,	REPORTING AGENT			0	HIT/SKIP								
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*								CRASH DATE / 1			H SEVERITY				
145 1 2-1	VILLAGE TOWNSHIP	IEATH	0,1252023, 0955, 5 1- FATAL 2- SERIOUS INJURY												
ROUTE TYPE ROUTE NU	2	- SOUTH	OCATION ROAD I	NAME			LATITUDE DECIMAL DEGREES SUSPECTED								
	4	- W L 3 I	BLUE JAY	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			R D	40.034	SUSPECTED						
ROUTE TYPE ROUTE NU	2	- SOUTH	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)					LONGITUDE	INJURY POSSIBLE PROPERTY DAMAGE						
	<u> </u>	- WEST	.667				LL	•	4 4 0		ONLY				
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE 1 - NOR	TH IR - II	ROUTE TYPE NTERSTATE ROU		ROAD TYPE HW - HIGHWAY	RD - ROAD	I —	INTERSECTION RSECTION OR ON		H					
3 2-MILE POST 3-HOUSE #	2-MILE POST 2-SOUTH US - FEDERAL US ROUTE AV - AVENUE LA - LANE SQ								WITHIN INTERCHANGE AREA NUMBER OF APPROACHES						
DISTANCE	TE - TERRACE														
FROM REFERENCE	TL - TRAIL WA - WAY	ROADWAY DIVIDED													
	T R	MONOMAL DIAIDED													
LOCATION 1 - ON ROADWA	N OF FIRST HARM Y 9-0	ROSSOVER		1 - NOT	COLLISION 4	COLLISION/IMPA - REAR-TO-REAR	CT	DIRECTION OF TRAVEL MEDIAN TYPE 1 - NORTH 1 - DIVIDED FLUSH MEDIAN							
0 6 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 1 BETWEEN TWO MOTOR 5 - BACKING								2 - SOUTH		(< 4 FEET) - DIVIDED FLUSH MEDIAN					
4 - ON ROADSID	DE 12-	SHARED USE TRAILS	CONTRACT THE STREET STREET	TRA	ANSPORT 7	- SIDESWIPE, SAM		3 - EAST 4 - WEST	≥4 FEET)	FEET)					
5 - ON GORE 6 - OUTSIDE TR	AFFIC WAY 13-	BIKE LANE		2 - REA 3 - HEA		- SIDESWIPE, 0PP - OTHER / UNKNO			4 - D	- DIVIDED, DEPRESSED MEDIAN - DIVIDED, RAISED MEDIAN					
7 - ON RAMP 8 - OFF RAMP		TOLL BOOTH OTHER/UNK				(ANY TYPE) - OTHER/UNKNOWN									
WORK ZONE RELAT	TED		WORK ZONE TYP	'E	LOCATIO	N OF CRASH IN W	ORK ZONE	CONTOUR	CONDITIO	ONS	SURFACE				
WORKERS PRESEN			ANE CLOSURE ANE SHIFT/CROS	SOVER	1-	BEFORE THE 1ST WARNING SIGN	WORK ZONE	4	3	<u> </u>	2				
LAW ENFORCEMEN	NT PRESENT L	3 - W	ORK ON SHOULD		34 SW 1111	ADVANCE WARNI TRANSITION ARE		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE							
ACTIVE SCHOOL ZO	ONE	4 - IN	ITERMITTENT OR	≀MOVING WOR	K 4 -	ACTIVITY AREA TERMINATION AR		2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, 3 - CURVE LEVEL 3 - SNOW ASPHALT							
		5 - 01	INEK			TERMINATION AN	CA	4 - CURVE GRADE	4 - ICE		3 - BRICK/BLOCK				
LIGHT C 1 - DAYLIGHT	CONDITION		1 - CLE	WEATH EAR	FER 6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, OIL, GRAVEL		4 - SLAG, GRAVEL, STONE				
2 - DAWN/DUSK	_								6 - WATER (STA MOVING)	NDING,	5 - DIRT				
4 - DARK – ROAD 5 - DARK – UNKI	G RAIN OR FREEZ UNKNOWN			7 - SLUSH		9 - OTHER/UNKNOWN									
9 - OTHER / UNK		LIGHTING	J - 3EL	EET, HAIL	77- OTTLK7	ONKNOWN			9 - OTHER/UNKI	NOWN					
NARRATIVE		_			_	-				A	Indicate the north				
Unit #1 was t and lost conti	_			-						N	an "N" on the compass diagram.				
crossed over		•	•				1	ScenePD ™ - Evaluation Edition			1				
and struck Ur			•			Evaluation Edition	Evaluation Iluation Edition	n Edition	E	valuation Edition					
Road.					_	Unit 28 Evaluation E	Evaluatio	Evaluation Edition Evaluation Edition	/						
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						Evaluation Edition	<u> </u>	Trancite (877) 908-4777							
CRASH REPORTED D			SPATCH DATE / 1			IVAL DATE / TIME		SCENE CLEARED		WI.	PORT TAKEN BY POLICE AGENCY				
01252023			2023		01257			1252023	104	1 =	MOTORIST				
TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES Hunt							HECKED BY OFFI	FFICER'S NAME* Y SUPPLEMEN (CORRECTION							
								BY OFFICER'S BADGE NUMBER* 1 4 7							
		5 4	0	7 -	1 , 3	3 0	J /		T /	I					

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

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OHIO DE OF PUBL.	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST								2 0	2 3 - 0	O O		9 3	4		
UNIT #										DATE OF BIR	тн		AGE	GENDER		
O 1	RITTENHOUSE, ROBERT LEWIS SS: STREET, CITY, STATE, ZIP									0 7 / 1 5 / 1 9 8 4 3 8 M						
2	SIGNATESS: STREET, CITY, STATE, ZIP SIGNATURE JAY RD HEATH, OH 43056 SIGNATURE JAY RD HEATH, OH 43056															
INJURIES	RIES INJURED EMS AGENCY (NAME) INJURED INJURED					IJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED SAFETY EQUIPMENT				COMPLIANT	OSITION AIR B	AG USAGE	EJECTION	TRAPPED		
OL STATE						FFENSE CHARGED LOCAL OFFE			MC HELMET SECRIPTION			CITATION NUMBER				
O H					CODE											
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	VER TRACTED				CONDITION	STATUS TYPE VALUE S				RESULT	SELECT UP TO 4			
_4		0 3	OTHER DRUG					•				<u> </u>				
UNIT #	NAME: LAST, F		0 9	DATE OF BIR		3 1	AGE	GENDER .								
													_			
700 AL	O ALPINE CR HEATH, OH 43056									OF ATINO D	O O					
700 AL 700 AL INJURIES OL STATE O H	ES INJURED TAKEN BY EMS AGENCY (NAME)							SAFETY EQUIPMENT	DOT-COMPLIANT SEATING POSITION OF 1			AG USAGE L	EJECTION 1	TRAPPED 1		
OL STATE	TE OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL			OFFENSE DESC	NSE DESCRIPTION			CITATION NUMBER					
O H OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3 DRI			331.34			CONDITION	L OTHER OFFENSES CONDITION ALCOHOL TES			N215428 DRUG TEST(S)				
	SELECT UP TO 2	RESTRICTION SELECT		TRACTED		_	RIJUANA	1	STATUS	TYPE VALUE	STATUS 1			SELECT UP TO 4		
4 UNIT #	T # NAME: LAST, FIRST, MIDDLE				1 OTHER DRUG				DATE OF BIRTH				AGE	GENDER		
	THE PARTY CAST, FINGE, WIDDEL															
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP									T PHONE - INCLUDE	AREA CODE					
ADDRESS:		EMS AGENCY (NAME)		INJUREDT	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING PO	OSITION AIR B	AG USAGE	EJECTION	TRAPPED		
	TAKEN BY						USED		DOT-COMPLIANT MC HELMET							
OL CLASS	OPERATOR L	ERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL O			RIPTION		CIT	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2			DISTRACTED				CONDITION	ALCOHOL TEST STATUS TYPE VALUE S		STATUS	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
						RIJUANA										
INJU	IRIES	SEATING POSITION	Α	IR BAG		OL CLASS	S	OL RESTRIC	TION(S)	DRIVER DIST	RACTION	Т	EST STA	TUS		
1 - FATAL	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)		LOYED		1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT				1 - NONE GIVEN AN 2 - TEST REFUSED				
3 - SUSPECTED		CRIOUS INJURY		2 - DEPLOYED FRONT 2 - CLAS 3 - DEPLOYED SIDE 3 - CLAS				3 - CORRECTIVE LE		ELECTRONIC CO	ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,			3 - TEST GIVEN, CONTAMINATED		
4 - POSSIBLE IN	INJURY 3 - FRONT - RIGHT SIDE		/num			4 - REGULAR CLASS		4 - FARM WAIVER	DIALING)		NG, I TPING,	. SAMPLE / UNUSABLE				
5 - NO APPAREN	D APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE (OHIO = D) 5 - NOT APPLICABLE 5 - M/C MOPED ONLY			5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS				
INJURED	ED TAKEN BY 5- SECOND - MIDDLE			9 - DEPLOYMENT UNKNOWN					4		4 - TALKING ON HAND-HELD		UNKNOWN			
1 - NOT TRANSP /TREATED A			EJECTION OL ENDORSEMENT				7 - EXCEPT TRACTO			5 - OTHER ACTIVITY WITH AN		ALCOHOL TEST TYPE				
2 - EMS	S (MOTORCYCLE SIDE CAR)		1 - NOT EJECTED H - HAZMAT				8 - INTERMEDIATE RESTRICTIONS	LICENSE	ELECTRONIC DE	1 - NONE						
3 - POLICE	O TUIDD DICUT CIDE		2 - PARTIALLY EJECTED M - MOTORCYCLE				9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER		2 - BL00D 3 - URINE					
9 - OTHER / UNK	- OTHER / UNKNOWN 9-1 HIRD - RIGHT SIDE		3 - TOTALLY EJECTED P - PASSENGER 4 - NOT APPLICABLE N - TANKER					10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRAC INSIDE THE VEH	4 - BREATH					
SAFETY E 1 - NONE USED	ETY EQUIPMENT OF TRUCK CAB			Q - MOTOR SCOOTER 11 - LIMITE				11 - LIMITED TO EMI 12 - LIMITED - OTHE	THE VEHICLE							
2 - SHOULDER E	SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS,			1-NOT TRAPPED S-SCHOOL BUS				13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND		9 - OTHER / UNKNO	DRUG TEST TYPE 1-NONE					
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			T - DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR O ADAPTIVE DEVI				2 - BLOOD 3 - URINE				
	5 - CHILD RESTRAINT SYSTEM – CARGO AREA FORWARD FACING 13 - TRAILING UNIT					A TAINEN HAZHAI		14 - MILITARY VEHIC	CLES ONLY 2 - PHYSICAL IMP			ENT 4-OTHER PRESSED,				
6 - CHILD REST	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR							15 - MOTOR VEHICLE AIR BRAKES						SULT(S)		
	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST							16 - OUTSIDE MIRRO		4- ILLNESS			DRUG TEST RESULT(S) 1 - AMPHETAMINES			
	8 - HELMET USED 99 - OTHER / UNKNOWN							17 - PROSTHETIC AII)	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES			
	9 - PROTECTIVE PADS USED							18 - OTHER		6- UNDER THE INFI	3 - BENZODIAZEPINES 4 - CANNABINOIDS					
	(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING									OF MEDICATION: / ALCOHOL	5 - COCAINE					
11 - LIGHTING -	11 - LIGHTING - PEDESTRIAN									9- OTHER / UNKNO	6 - OPIATES / OPIOIDS					
	/ BICYCLE ONLY OTHER / UNKNOWN										7 - OTHER 8 - NEGATIVE RESULTS					