OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MAIL LOCAL INFORMATION	ANDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	OCAL REPORT NUMBER					
PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR								
SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME* Heath PD	1507	1 - SOLVED	0 1 0	Annual St. Marrier Company					
COUNTY* LOCALITY* LOCATION: CI		CRASH DATE / TIME * CRASH SEVERITY								
A 5 2 -VILLAGE HEATH ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	DO AD TYPE	02112023 1303 2 - SERIOUS INJURY SUSPECTED								
ROUTE TYPE ROUTE NUMBER PREFIX 1-NURIH 2-SOUTH 3-EAST 4-WEST	ROAD TYPE	2 MW25 W WSV								
THE THE BUILDING	THORNWOOD REFERENCE ROAD NAME (ROAD,	D R ROAD TYPE	3 9 9 9 7 5 1 LONGITUDE DECIMAL DEGREES 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIB							
2 - SOUTH 3 - EAST	SEMINARY		R D		208 5	PROPERTY DAMAGE				
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATED					
2 MILE DOST 2 COUTU			D - ROAD Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH						
3- HOUSE # 3- EAST	- I EDERAL OS ROOTE		T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES						
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE I		E - TERRACE L - TRAIL	ROADWAY						
9 5 0 2 2-FEET	ROUTE		VA - WAY	ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVE		- HEIGHTS PL - PLACE NER OF CRASH COLLISION/IMPA	rT.							
1 - ON ROADWAY 9 - CROSSOVE	R 1-NOT	COLLISION 4-REAR-TO-REAR	. .	DIRECTION OF TRAVEL MEDIAN TYPE 1 - NORTH 1 - DIVIDED FLUSH MEDIAN						
The second of th	TWO	WEEN 5-BACKING MOTOR 6-ANGLE		2 - SOUTH (< 4 FEET) 3 - EAST 2 - DIVIDED FLUSH MEDIA						
4 - ON ROADSIDE 12 - SHARED U 5 - ON GORE TRAILS	ISE PATHS OR TRA 2 - REA	NSPORT 7 - SIDESWIPE, SAME R-END 8 - SIDESWIPE, 0PP0		4 - WEST	(≥4 FEET 3 - DIVIDED, D) EPRESSED MEDIAN				
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LAN	E 3-HEA	*	1		AISED MEDIAN					
7 - 0N RAMP 14 - TULL BUU 8 - 0FF RAMP 99 - 0THER / U	· · · ·				9 - OTHER/UNI	KNOWN				
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO		CONTOUR	CONDITIONS	SURFACE				
	- LANE CLOSURE - LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST V WARNING SIGN		1	1 - DRY	2				
LAW ENFORCEMENT PRESENT 3	- WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNIN 3 - TRANSITION AREA	a median determine the		1 - CONCRETE 2 - BLACKTOP,					
	- INTERMITTENT OR MOVING WORK - OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	EΑ	2 - STRAIGHT GRADE						
LIGHT CONDITION	WEATH			4 - CURVE GRADE	3 - BRICK/BLOCK					
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		9 - OTHER/UNKNOWN	4 - SLAG, GRAVEL, STONE					
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMOKE	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	SNOW		5 - DIRT					
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	NG DRIZZLE		9 - OTHER/UNKNOWN							
9-OTHER/UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN					
NARRATIVE					A	Indicate the north				
UNIT #1 WAS SOUTHBOUNI		<u> </u>				an "N" on the compass diagram.				
DRIVE SOUTH OF SEMINARY ROAD. THE DRIVER OF UNIT #1 STATED THAT A NORTHBOUND VEHICLE										
HAD COME INTO HER LANE		Evaluation	uation Edit	Edition N	Evaluation Edition					
GO TO THE FAR RIGHT OF THE ROAD BUT DROVE OFF										
THE ROADWAY INTO A DITCH. Evaluation Edition Evaluation Edition Evaluation Edition										
		Evaluation Edition	Edition Edition Edition	ot To Scale						
		Evaluation Edition		Evaluation E	Evaluation Edition Evaluation Edition					
		Evaluation Edition	Evaluation tion Edition	Edition Edition						
				Evaluation Edition	Evaluation Edition Evaluation Edition	-				
		Evaluation Edition	Evaluation uation Edition	Edition	Evaluation Edition	-				
		Thornwood Drive Evaluation E 8 valuation Edition Edition	Frankrich Falking							
		Evalu Evaluation Edition	uation Edition	Trancite (877) 908-4777						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	100-001-02 ESHIEL-OCT CO.	PORT TAKEN BY				
	12023 1304			2112023		POLICE AGENCY MOTORIST				
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINU			IECKED BY OFFI unt	CER'S NAME*		SUPPLEMENT				
	OFFICER'S BA	DGE NUMBER*		Y OFFICER'S BADGE N	IUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				
	0 7 -	1 1 8	0 7	- 1	3 0					

■ FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

OHIO DE OF PUBL SAFETY - SERV	OHIO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST							2 0 2 3 - 0 0 0 0 1 6 0 8							
UNIT #									DATE OF BIRTH			AGE	GENDER		
01	0 1 FULK, MARIAH JO						0 5	_/ _1	1 3 / 1	9 7 3	3	4 9	F		
2	: STREET, CITY, ST								CONTA	CT PHO	NE - INCLUDE ARE	A CODE	_		
-		EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT		<u>'</u>	SEATING POSIT	TON ATR RAI	USAGE	EJECTION	TRAPPED
NON 5	TAKEN BY			AKENTO	USED USED				T-COMPLI HELME	ANT	AIR DA	JOSAUL	1	1	
OL STATE				OFFENS				OFFENSE DESC				CITA	CITATION NUMBER		
E O H					CODE										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED	_	DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS		OL TEST VALUE	STATUS	DRU(TYPE	RESULT	T SELECT UP TO 4
4			BY	1	=	THER DRUG	KIJUANA	1	1	1		1	1		
UNIT #	NAME: LAST,	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER
	ı									1 1					
ADDRESS:	: STREET, CITY, ST	TATE, ZIP							CONTA	CT PHO	NE - INCLUDE ARE	A CODE			
010				T										<u> </u>	
ADDRESS:	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED				SAFETY EQUIPMENT USED	T DOT-COMPLIANT SEATING POSITION MC HELMET			IUN AIR BAG	N AIR BAG USAGE EJECTION TRAPPED		
\	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	 RIPTION]		CITA	CITATION NUMBER		
OL STATE							CODE								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSP		CONDITION	STATUS		OL TEST VALUE	STATUS	DRU(RESULT	T SELECT UP TO 4
			BY		=	LCOHOL MAI THER DRUG	RIJUANA		,						
UNIT #	NAME: LAST,	FIRST, MIDDLE			П,	I HER DRUG				<u> </u>	DATE OF BIRTH			AGE	GENDER
	,	,								1 1	1 1 1	1 1 1		1 1	
ADDRESS:	: STREET, CITY, ST	TATE, ZIP							CONTA	CT PHO	NE - INCLUDE ARE	A CODE			
OTOR											1 1				
ADDRESS:	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-Compli		TION AIR BAG	USAGE	EJECTION	TRAPPED
_	BY					OFFENCE BEGG	MC HELMET				TTON N	LLL			
OL STATE	TTE OPERATOR LICENSE NUMBER			UFFEN	OFFENSE CHARGED LOCAL O			OFFENSE DESC	KIPIIUN		CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		VER	ALC	DHOL / DRUG SUSP	LLL ECTED	CONDITION			OL TEST	CTATUS		TEST(S	
	SELECT UP TO 2		BY	TRACTED	=	_	RIJUANA		STATUS	TYPE	VALUE	STATUS	TYPE	KESUL	T SELECT UP TO 4
L	JRIES	SEATING POSITION		AIR BAG	☐ 0 ⁻	THER DRUG OL CLAS	c	OL RESTRIC	TION(S)		RIVER DISTRA	CTION		EST STA	TIIS
1 - FATAL	JKILS	1 - FRONT - LEFT SIDE	1 - NOT DEP			1 - CLASS A	3	1 - ALCOHOL INTER		CONTRACTOR DESCRIPTION	NOT DISTRACTED	CIION		E GIVEN	1103
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYI 3 - DEPLOYI			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 -	- MANUALLY OPERAT ELECTRONIC COMM			REFUSED	JTAMINATED
	3 - SUSPECTED MINOR INJURY 3 -			OYED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
5 - NO APPAREN	(MOTORCYCLE PASSENGER)		5 - NOT APP	PPLICABLE (0HIO = D) DYMENT UNKNOWN 5 - M/C MOPED ONLY			5 - EXCEPT CLASS A	3-	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS			
	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE	7-DEFEOT	WENT ONKING	4010	6 - NO VALID OL		& CLASS B BUS			TALKING ON HAND- COMMUNICATION D	HELD	UNK	NOWN	
1 - NOT TRANSP /TREATED A		7 - THIRD - LEFT SIDE	E.	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE			- OTHER ACTIVITY W	ITH AN	ALCO 1 - NON	OHOL TE	ST TYPE
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJE	CTED LY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	MIT	6-	ELECTRONIC DEVIC - PASSENGER	E	2 - BL00		
9 - OTHER / UNK	KNOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY			P - PASSENGER		RESTRICTIONS		7 -	OTHER DISTRACTION		3 - URIN		
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	PLICABLE		N - TANKER Q - MOTOR SCOOTER		10 - LIMITED TO DAY 11 - LIMITED TO EMI			OTHER DISTRACTIO		5 - OTH		
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		9.	THE VEHICLE - OTHER / UNKNOWN		DR	UG TEST	TYPE
3 - LAP BELT ON	BELT ONLY USED NLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRA 2 - EXTRICA			S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	13 - MECHANICAL DI (SPECIAL BRAK	ES, HAND		CONDITIO	N	1 - NON		
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA			MECHANICAL MEANS X-TANKER/HAZMAT			CONTROLS, OR O ADAPTIVE DEVI	CES) 1 - APPARENTLY NORMAL		amorana E	2 - BLOOD 3 - URINE				
FORWARD FA	5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 13 - TRAILING UNIT			ON-MECHANICAL MEANS			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT			2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,			4 - OTHER		
6 - CHILD REST REAR FACIN	RAINT SYSTEM – IG	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES 16 - OUTSIDE MIRRO			ANGRY, DISTURBED)				ESULT(S)
7 - BOOSTER SE		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AII		5-	FELL ASLEEP, FAINT	ED,		HETAMINES BITURATES	•
8 - HELMET US 9 - PROTECTIVE	E PADS USED	OTTEN DIAMETER						18 - OTHER			FATIGUED, ETC. UNDER THE INFLUE	NCE		ZODIAZEPIN	IES
(ELBOW, KNI 10 - REFLECTIVE											OF MEDICATIONS / D / ALCOHOL		4 - CAN 5 - COCA	NABINOIDS AINE	
11 - LIGHTING -	PEDESTRIAN										OTHER / UNKNOWN		6 - OPIA	ATES / OPIOID	OS .
/ BICYCLE OF													7 - OTH 8 - NEG	ER ATIVE RESU	LTS