OHIO DEPARTMENT TI	RAFFIC C	RASH R	Li	CAL REPORT N	IUMBER*												
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT **DENOTES MANDATORY FIELD FOR SUPPLEMENT FIELD FOR S									000	0 2 5	73						
SECONDARY CRASH		REPORTING AG Heath P		5	0	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 2											
COUNTY* LOCALITY*			VILLAGE, TOWNS	HIb*		[]	2 - UNSOLVED 99 - UNKNOWN CRASH DATE / TIME* CRASH SEVERITY										
145 1 2-1	VILLAGE TOWNSHIP	IEATH	03032023, 1700 5 1- FATAL 2- SERIOUS INJURY														
ROUTE TYPE ROUTE NU	IMBER PREFIX 1	- NORTH L	OCATION ROAL	NAME			LATITUDE DECIMAL DEGREES SUSPECTED										
S R 79		- EAST - WEST					40,03080,7										
ROUTE TYPE ROUTE NU	2	- SOUTH		AD NAME (RO	AD, MILEPOST, F	IOUSE #)	ROAD TYPE	LONGITUDE DEC			JRY POSSIBLE PERTY DAMAGE						
	<u> </u>	- EAST - WEST	73				L L		9 0 5	ONL							
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE 1 - NOR	TH IR - II	ROUTE TYI NTERSTATE RO		AL - ALLEY	ROAD TYPE HW - HIGHWAY	RD - ROAD	l —	NTERSECTION I								
3 2- MILE POST 3- HOUSE #	2-MILE POST 2-SOUTH US-FEDERAL US ROUTE AV-AVENUE LA-LANE SQ-SQUAR								WITHIN INTERSECTION OR ON APPROACH								
DISTANCE	4 - WEST SR - STATE ROUTE BL - BOULEVARD MP - MILEPOST ST - STREET									WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FROM REFERENCE	FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PL - PIKE WA - WAY									ROADWAY							
	2 - FEE 3 - YARI			ROADWAY DIV	DED												
	N OF FIRST HARM	FUL EVENT ROSSOVER		1		H COLLISION/IMPA	СТ	DIRECTION OF TRAVEL		MEDIAN TYP	70000						
1 - ON ROADWA 0 1 2 - ON SHOULD		ROSSOVER DRIVEWAY/A		1 - NORTH , 2 - SOUTH		VIDED FLUSH <4 FEET)	I MEDIAN										
3 - IN MEDIAN 4 - ON ROADSIE	E DIRECTION	3 - EAST 2 - DIVIDED FLUSH MEDIAN															
5 - ON GORE 6 - OUTSIDE TR	10.1	TRAILS BIKE LANE		2 - R	EAR-END	8 - SIDESWIPE, OPP 9 - OTHER / UNKNO	SITE DIRECTION	4 - WEST	1	VIDED, DEPR VIDED, RAISE	ESSED MEDIAN D MEDIAN						
7 - ON RAMP	14-	TOLL BOOTH		(4	(NY TYPE) THER/UNKNOV												
8 - OFF RAMP	99-0	OTHER/UNK		<u> </u>	1,000			CONTOUR	CONDITIO		SURFACE						
WORK ZONE RELA			WORK ZONE T ANE CLOSURE	TPE		ON OF CRASH IN WO - BEFORE THE 1ST		1	9		2						
WORKERS PRESEN			ANE SHIFT/CRO ORK ON SHOUL		2	WARNING SIGN - ADVANCE WARNII	NG AREA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE									
LAW ENFORCEMENT	NT PRESENT L	10	R MEDIAN ITERMITTENT			- TRANSITION AREA	4	2 - STRAIGHT GRADE	BITUMINOUS								
ACTIVE SCHOOL ZO	ONE		THER	ok movina m	1.0000	- TERMINATION AR	EA		3 - SNOW 4 - ICE		ASPHALT						
LIGHT (CONDITION			WEA	THER			1	5 - SAND, MUD, D	VIDT	BRICK/BLOCK SLAG, GRAVEL,						
1 - DAYLIGHT 9 2 - DAWN/DUSK				LEAR LOUDY	6 - SNOW 7 - SEVERE	CROSSWINDS			OIL, GRAVEL 6 - WATER (STAN	IDING	STONE						
3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, I									MOVING)	. 5 - 1	DIRT DTHER/UNKNOWN						
5 - DARK – UNK	NOWN ROADWAY			LEET, HAIL		NG RAIN OR FREEZ !/ UNKNOWN	ING DRIZZLE	1 1	7 - SLUSH 9 - OTHER/UNKN	own							
9 - OTHER / UNK	CNOWN		-							^							
NARRATIVE Parked vehicle	le (Unit 2)	was st	truck by	unknov	vn other					A d	ndicate the north irection with n "N" on the						
vehicle (Unit			_			-		ScenePD ™ - Evaluation Edition			ompass diagram.						
Reported a hi	•			•	•	<u> </u>	Evaluatio	Evaluation Edition	\wedge		1—						
initially notic			-		rash	Evaluation Edition	uation Edition		Saluation Edition Ev	aluation Edition	1						
occurred. No suspect vehicle information.																	
						Evaluation Edition		Evaluation E	Evaluation Edition	awation Edition							
						Evaluation Edition	Evaluation luation Edition	Evaluation Edition		-							
				Parking lot Parking lot Evaluation	Evaluation Edition	Not To	SCALE dition										
				Evaluation Edition	Evaluation Edition												
Evaluation Edition Fundament Edition																	
Evaluation Edition																	
Evaluation Edition Evaluation Edition Evaluation Edition																	
						Evaluation Edition		Trancite (877) 908-4777	<u> </u>								
CRASH REPORTED I			SPATCH DATE			RIVAL DATE / TIME	·	SCENE CLEARED D			T TAKEN BY ICE AGENCY						
03032023					2 0 3 0 6			3062023	1732	1 =	ORIST						
TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES MOONE							HECKED BY OFFI mart	FFICER'S NAME* SUPPLEMENT (CORRECTION os ADDITION									
	OFFICER'S BADGE NUMBER*							ED BY OFFICER'S BADGE NUMBER* TO AN EXISTING REPO									
		шш	0	7 -	1	5 5	0 7		J 6								

OHIO DEPARTMENT
OF PUBLIC SAFETY
SAFETY - SERVICE - PROTECTION

OHIO DE OF PUBL SAFETY - SERV	OHIO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / MON-MOTORIST								2 0	LOCAL REPORT NUMBER 0 2 3 - 0 0 0 0 2 5 7 3						
UNIT # 0 1										1 1	DATE OF	BIRTH	1 1		AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 1								CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED I	INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 9 .9 .9					T-Compli	ANT	NG POSITIO	N AIR BA	G USAGE	EJECTION 1	TRAPPED 1		
OL STATE					OFFENSE CHARGED LOCAL			OFFENSE DESC				CITA	CITATION NUMBER			
OL CLASS	ELASS ENDORSEMENT SELECT UP TO 2			VER TRACTED		OHOL / DRUG SUSP	ECTED Rijuana	CONDITION	STATUS		OL TEST VA	LUE	STATUS	DRU TYPE	G TEST(S) 「SELECT UP TO 4
				9		THER DRUG		9	_1	1			1	_1		<u> </u>
UNIT #	NAME: LAST, F	TRST, MIDDLE								1 1	DATE OF	BIRTH			AGE	GENDER
ADDRESS								CONTACT PHONE - INCLUDE AREA CODE								
ADDRESS INJURIES	INJURED EMS AGENCY (NAME) TAKEN BY						SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING POSITION A			N AIR BA	AIR BAG USAGE EJECTION TRAPPED				
OL STATE	OPERATOR L	PERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTIO	N	C			CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		COHOL / DRUG SUSP	ECTED Rijuana	CONDITION	STATUS		OL TEST VA		STATUS	DRUI TYPE	G TEST(S) Γ SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GE						GENDER	
ADDRESS	STREET, CITY, ST.	ATE. ZIP							CONT	ACT PHO	NF - INC	UDE AREA O	ADE.	_		<u></u>
									CONT		JNE - INCI	L L		L		ı
INJURIES	INJURED TAKEN BY	TAKEN			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFE			SAFETY EQUIPMENT USED		T-COMPLI HELME	ANT	NG POSITIO	N AIR BA	G USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR L	LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION CIT					TATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_ `	ALCOHOL MAI	ECTED RIJUANA	CONDITION	ALCOHOL TEST STATUS TYPE VAI			STATUS	DRUG TEST(S) TYPE RESULT SELECT UP:			
INJU	JRIES	SEATING POSITION		AIR BAG	□□∘	OTHER DRUG OL CLAS	s	OL RESTRIC	TION(S) <u> </u>	RIVER	DISTRAC	TION	i	IEST STA	TUS
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - NO APPARENT INJURY 6 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 7 - SECOND - MIDDLE 7 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE 7 - THIRD - LEFT SIDE 8 - THIRD - MIDDLE 9 - OTHER / UNKNOWN 1 - SHOULDER SECTION OF TRUCK CAB 1 - NOR USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE 9 - OTHER / UNKNOWN 1 - SECOND - RIGHT SIDE 1 - NOR LIGHT SIDE 1 - NOR LIGHT SIDE 3 - TO 4 - NO 9 - DE 5 - CHUD RESTOR IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 1 - PASSENGER IN UNENCLOSED CARGO AREA 3 - FR		1 - NOT DEF 2 - DEPLOY 3 - DEPLOY 4 - DEPLOY 5 - NOT APF 9 - DEPLOY 1 - NOT EJE 2 - PARTIAI 3 - TOTALL 4 - NOT APF 1 - NOT TRA 2 - EXTRIC MECHAI 3 - FREED I 3 - FREED I	/ED SIDE //ED BOTH FRONT / SIDE PLICABLE /MENT UNKNOWN JECTION OL ENDORSEMENT H - HAZMAT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER APPED APPED APPED ATED BY NICAL MEANS Y - TOUBLE & TRIPLETRAILERS N - TOUBLE & TRIPLETRAILERS N - TOUBLE & TRIPLETRAILERS N - TANKER / HAZMAT			MENT STORCYCLE TRAILERS	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TARCTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO DAYLIGHT ONLY 12 - LIMITED — OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER			1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-FREE COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN				1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS		