OF PUBLIC SAFETY BAFETY - SERVICE - PROTECTION	RAFFIC CRAS	1.00		S MANDATORY FI	ELD FOR SUF	PPLEM	ENT REPORT	2 0	2 3		EPORT NUM		47		
PHOTOS TAKEN  OH-2  OH-3 LOCAL INFORMATION  OH-1P OTHER REPORTING AGENCY NAME*								2 0 2 3 - 0 0 0 0 5 3 4 7							
SECONDARY CRASH PRIVATE PROPERTY REPORTING AGENCY NAME*  Heath PD						0 4	NCIC* <b>1 5 0 7</b>	1	- SOLVED - UNSOLVE	0	<b>2</b>	0.2	IN ERRUR 98 - ANIMAL 99 - UNKNOWN		
COUNTY* LOCALITY* 1 - CITY LOCATION: CITY, VILLAGE, TOWNSHIP*								CRASH DATE / TIME * CRASH SEVERITY  1 - FATAL							
4 5 1 2-VILLAGE HEATH									05132023 1509 5 2-SERIOUS INJURY						
See Secretaria Secretaria and Secretaria Secre									ATITUDE				ECTED		
ROUTE TYPE ROUTE N		***************************************	RD	4.0	034	49	3		R INJURY ECTED						
ROUTE TYPE ROUTE N	IUMBER PREFIX 1 - NOR 2 - SOU		FERENCE ROAD NAME (R	OAD, MILEPOST, H	OUSE #)		ROAD TYPE	L	ONGITUDE				RY POSSIBLE		
ROUTE TYPE ROUTE N	3 - EAS		'5 HEBRON RI	<b>)</b> .			L	8,	4 3	5 4	6	5 - PROP ONLY	ERTY DAMAGE		
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYP					INTERSE	CTION REI	LATED	20.1010.1010.1010.1010.1010.101		
1 - INTERSECTION 2 - MILE POST	2 - SOUTH		ERSTATE ROUTE(TP) DERAL US ROUTE	AL - ALLEY AV - AVENUE	HW-HIGHW.		RD - ROAD SQ - SQUARE	LJ v	VITHIN INT	ERSECTIO	N or ON AP	PROACH	595		
3- HOUSE #	3 - EAST 4 - WEST		TE ROUTE	BL - BOULEVARD			ST - STREET	□ v	VITHIN INT	ERCHANG	E AREA	NUMBER OF	APPROACHES		
DISTANCE FROM REFERENCE UNIT OF MEASURE  CR - NUMBERED COUNTY ROUTE CT - COURT CT - COUR								ROADWAY							
	1 - MILES 2 - FEET	TR - NUM ROU	MBERED TOWNSHIP JTE	DR - DRIVE	PI - PIKE	V	WA - WAY	ROADWAY DIVIDED							
100077	3 - YARDS		1	HE - HEIGHTS	PL - PLACE						27.0				
1 - ON ROADW	ON OF FIRST HARMFUL E /AY 9 - CROSSI		1	MANNER OF CRAS			CT	DIRECT	ON OF TRAV	EL		<b>EDIAN TYPE</b> DED FLUSH I	4		
0 1 2 - ON SHOUL			EY ACCESS E CROSSING 6	TWO MOTOR	5 - BACKING 5 - ANGLE			2 - SOUTH			(<4	( < 4 FEET )  2 - DIVIDED FLUSH MEDIAN			
4 - ON ROADS	IDE 12-SHARE	D USE PA	ALCA TIME ACCIONATIONS INCOMEN	V LITTOLLS IN	7 - SIDESWIF	E, SAMI	E DIRECTION		3 - EAST 4 - WEST		(≥4	FEET)			
5 - ON GORE 6 - OUTSIDE T	TRAIL RAFFICWAY 13-BIKE L		1		B - SIDESWIF 9 - OTHER / U		SITE DIRECTION					DED, DEPRES DED, RAISED	SSED MEDIAN MEDIAN		
7 - ON RAMP	14-TOLL I			TIEAD-ON	2- OTHER? C	IVICIVOV			(ANY TYPE) 9 - OTHER/UNKNOWN						
8 - OFF RAMP	99-OTHER			<u> </u>					UTOUR	1 0					
WORK ZONE RELA	ATED		<b>DRK ZONE TYPE</b> E CLOSURE		IN OF CRASH - BEFORE TH				NTOUR <b>1</b>	"	NDITIONS 1		SURFACE 2		
WORKERS PRESE	INT		E SHIFT/CROSSOVER	2	WARNING : - ADVANCE V					1 - DRY		1 - 00	NCRETE		
LAW ENFORCEME	ENT PRESENT L	or M	RK ON SHOULDER MEDIAN	L 3	-TRANSITIO	NAREA		2 - STRAIGHT GRADE 2 - WET			1	_ACKTOP,			
ACTIVE SCHOOL 2	ZONE	4 - INTE 5 - OTHE	ERMITTENT OR MOVING V ER	2 45 78000	- ACTIVITY A - TERMINATI		EΑ				ITUMINOUS, SPHALT				
LIGHT	CONDITION		·	ATUED		P20020020014		1	E GRADE	4 - ICE		1. 27.00	RICK/BLOCK		
1 - DAYLIGHT	CONDITION		1 - CLEAR	ATHER 6 - SNOW				9 - OTHE	R/UNKNOW!		D, MUD, DIR GRAVEL	4-31	LAG, GRAVEL, TONE		
1 2 - DAWN/DUS	K HTED ROADWAY	0	2 - CLOUDY		CROSSWINE		CNOW				ER (STANDI ING)	NG, 5 - DI	RT		
	ADWAY NOT LIGHTED		4 - RAIN	NOKE 8-BLOWIN 9-FREEZIN			, SNOW ING DRIZZLE		7 - SLUSH 9 - OTHER/UNKN			THER/UNKNOWN			
5 - DARK – UNI 9 - OTHER / UN	KNOWN ROADWAY LIGH <sup>-</sup> IKNOWN	ring	5 - SLEET, HAIL	99 - OTHER	/ UNKNOWN					9 - 0THI	ER/UNKNOW	/N			
NARRATIVE						П				1   1		∧ Inc	licate the north		
	raveling west	on Pu	utnam Rd. Un	it 2 was								dir	ection with "N" on the		
	_		e approachin										mpass diagram.		
_	•		to turn left int	_	_		Evaluatio	Evaluat	- Evaluation Edition	in			-		
private drive	. Unit 2 atter	npted	d to exit the p	rivate	Evaluation I	Evalu Edition	uation Edition				Evaluati	ion Edition			
drive onto Pu	utnam Rd. an	d turn	ı left, but stru	ck Unit 1			Evaluatio		Evaluati ion Edition	on Edition	N Edition				
in the left re	ar side.				Evaluation I		uation Edition			Evaluat	io Noto To Sc	on Edition			
						Evali	Evaluation uation Edition	Evaluat Edition	ion Edition	on Edition					
					Evaluation I				3	Pulham Re Evaluat	Evaluation Edition	ion Edition			
						675FiYabi	Evaluation Edition	Evaluat	ion Edition	on Edition			-		
					Evaluation I	Edition Rd.			Evaluati	Evaluar on Edition	Evaluation Edition	Nn Edition			
					Evaluation I	Evalu	Evaluation uation Edition		ion Edition			1700000			
									Evaluati	Evaluat on Edition	Evaluati ion Edition	ion Edition			
					Evaluation I		Evaluation uation Edition		ion Edition						
CRASH REPORTED	DATE / TIME	nien	PATCH DATE / TIME	I AD	RIVAL DATE	/TIME			(877) 908-4777 E CLEAREI	DATE /T	ME	PEROPT	TAKEN BY		
05132023			2023 151				5 2 2 0				558		E AGENCY		
TOTAL TIME		TOTAL	OFFICER'S NAME*		_ , _ ,	_	HECKED BY OFFI				<i>-</i>	<u></u> мото	RIST		
ROADWAY CLOSED IN		INUTES	Peterson				unt	OLK 3 NA	INIE.				LEMENT CTION OR ADDITION		
			3000 10 0000 1000	S BADGE NUMBER		$\top$	O CHECKED 7	BY OFFICE	R'S BADGE	NUMBER	* 0	TO AN EXIS	CITON OR ADDITION TING REPORT SENT TO ODPS)		
		11_	0 7	• 1 1 1	4 5		J /								

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OFF PUBLIC SAFETY MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST							2 0 2 3 - 0 0 0 0 5 3 4 7								
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
0 1	MANN, K				0 4 /	1 2 / 1 9	9 9 2	3 1	F						
ADDRESS:	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
323 RO	BERTS AV NEWARK, OH 43055										<u> </u>				
INJURIES	TAKEN					: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-CON	1					
5	BY	TOPNOT NUMBER		OFFEN	CE QUA	DAFR	10041	0 4	MC HEL	.MET 0 1	1	N NUMBER	_1		
ADDRESS: 323 RO INJURIES 5 OL STATE O H	UPERATUR L	ICENSE NUMBER		UFFEN	OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	EDESCRIPTION			IN NUMBER			
OL CLASS	ENDORSEMENT	RSEMENT RESTRICTION SELECT UP TO 3 DR			AI C	OHOL / DRUG SUSPE	CTED	CONDITION	ALC	OHOL TEST		RUG TEST(S	)		
OL GLAGG	SELECT UP TO 2			TRACTED		LCOHOL MAF			STATUS TY	PE VALUE			T SELECT UP TO 4		
4				1 OTHER DRUG				1 1		1	1				
UNIT #	NAME: LAST, F	FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER				
0 2		EANNA NICOLE							0 1 /	0 6 / 2		1 9	F		
ADDRESS:	STREET, CITY, STA		2056						CONTACT	PHONE - INCLUDE AREA	AREA CODE				
2 IN HIDTES		EW LN HEATH, OH 4 EMS AGENCY (NAME)	3056	INJUBED:	MENON FACILITY				SEATING POSITION AIR			IR BAG USAGE EJECTION TRAPPED			
ADDRESS: 20 1510 H INJURIES 5	TAKEN BY	EMS AGENCT (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT	DOT-COMPLIANT 0 1			1	1 1			
	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL			OFFENSE DESC	RIPTION		CITATION NUMBER					
OL STATE				331.2	331.22 CODE			331.22	331.22			214894			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	UPTO 3 DRI				CONDITION	ALC   STATUS   TY	OHOL TEST PE VALUE	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4					
4	522201 01 102		BY	1	=		RIJUANA	1	1 1			1	7 522201 01 10 4		
UNIT #	NAME: LAST, F	UDGT MADDU 5			<b>□</b> °	THER DRUG			الله الله	DATE OF BIRTH	ے ا	AGE	GENDER		
ONII #	NAME: LASI, F	IKSI, MIDDLE								DATE OF BIRTH		AGE	GENDER		
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUD			CODE				
TORI	CUNTACT PRINC - INCLUDE AREA CODE									1 1	1 1				
ADDRESS:		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT-CON	SEATING POSITIO	IN AIR BAG U	SAGE EJECTION	TRAPPED		
					USED			USED	MC HEL						
OL CLASS	E OPERATOR LICENSE NUMBER C			OFFEN:	OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION	'	CITATION NUMBER				
								ALCOHOL TEST			DRUG TEST(S)				
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		OHOL / DRUG SUSPE LCOHOL   MAR	E <b>CTED</b> RIJUANA	CONDITION	STATUS TY				T SELECT UP TO 4		
					=	THER DRUG		ļ, ,							
	RIES	SEATING POSITION		IR BAG		OL CLASS	S	OL RESTRIC		DRIVER DISTRAC	CONTRACTOR DESCRIPTION	TEST STA	TUS		
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		1 - NOT DISTRACTED  2 - MANUALLY OPERATION		- NONE GIVEN - TEST REFUSED			
3 - SUSPECTED	MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE	ED SIDE		3 - CLASS C		3 - CORRECTIVE LE		ELECTRONIC COMMUN DEVICE (TEXTING, TY	NICATION 3	- TEST GIVEN, CON			
4 - POSSIBLE IN		4 - SECOND - LEFT SIDE	4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS 5 - NOT APPLICABLE (OHIO = D)				4 - FARM WAIVER	4 - FARM WAIVER DIALING) 5 - EXCEPT CLASS A BUS 3 - TALKING ON			SAMPLE / UNUSABLE  4-TEST GIVEN, RESULTS KNOWN				
	(MOTORCYCLE PASSENGER)  5 SECOND MIDDLE 9-DEPL			MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEP				6 - EXCEPT CLASS	KCEPT CLASS A COMMUNICATIO			DEVICE 5 - TEST GIVEN, RESULTS			
1 - NOT TRANSP	1 - NOTTRANSPORTED 6 - SECOND - RIGHT SIDE					7 - EXCEPT TRACTO				4 - TALKING ON HAND-HE COMMUNICATION DEV	/ICF	ALCOHOL TEST TYPE			
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	CTED		OL ENDORSEM H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	H A N	- NONE	J1 111 L		
3 - POLICE 8 - THIRD - MIDDLE 2 - PART				ALLY EJECTED M - MOTORCYCLE				9 - LEARNER'S PERMIT		6 - PASSENGER		2 - BLOOD 3 - URINE			
9 - OTHER / UNK	10 CLEEDED CECTION			Y EJECTED P - PASSENGER PLICABLE N - TANKER 1			RESTRICTIONS  10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREATH				
	SAFETY EQUIPMENT  OF TRUCK CAB  11 DASSENCED IN OTHER					Q - MOTOR SCOOTER 11 - LIMITED TO EN				8 - OTHER DISTRACTION THE VEHICLE	OUTSIDE 5	SIDE 5 - OTHER			
	1 - NONE USED ENCLOSED CARGO AREA 2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAF				RAPPED R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH PPED S - SCHOOL BUS 13 - MECHANICAL I					9 - OTHER / UNKNOWN		DRUG TEST TYPE			
	3 - LAP BELT ONLY USED PICK-UP WITH CAP)			2 - EXTRICATED BY T - DOUBLE & TRIPLETRAILERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		1 - NONE 2 - BLOOD				
	5 - CHILD RESTRAINT SYSTEM – CARGO AREA		3 - FREED BY			X - TANKER / HAZMAT ADAPTIVE 114 - MILITARY V					L 3 - URINE				
FORWARD FA	RWARD FACING 13 - TRAILING UNIT  IILD RESTRAINT SYSTEM 14 - RIDING ON VEHICLE EXTERIOR		NON-MECHANICAL MEANS					15 - MOTOR VEHICLE	S WITHOUT 3 - EMOTIONAL (E.G., DEPRE		RESSED,				
REAR FACIN	REAR FACING (NON-TRAILING UNIT)							AIR BRAKES 16 - OUTSIDE MIRROR		ANGRY, DISTURBED) 4 - ILLNESS		DRUG TEST RESULT(S)  1-AMPHETAMINES			
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN							17 - PROSTHETIC AII	)	5 - FELL ASLEEP, FAINTEI	ELL ASLEEP, FAINTED, 2 - BARBITURATES				
9 - PROTECTIVE	9 - PROTECTIVE PADS USED							18 - OTHER		6- UNDER THE INFLUENCE	E ,	3 - BENZODIAZEPINES 4 - CANNABINOIDS			
	(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING								OF MEDICATIONS / DRUGS / ALCOHOL			5 - COCAINE			
	L-LIGHTING – PEDESTRIAN /BICYCLE ONLY								9-OTHER/UNKNOWN			6 - OPIATES / OPIOIDS 7 - OTHER			
	99 - OTHER / UNKNOWN											- NEGATIVE RESU	LTS		

OCCUPANT / WITNESS ADDENDUM						2023		ORT NUMBER	3 4	7						
	UNIT #	NIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE							
ΔNT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
OCCUPAN																
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED						
2	UNIT #	IT # NAME: LAST, FIRST, MIDDLE							E OF BIRTH		AGE	GENDER				
	1 1															
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
9	INJURIES   INJURED   EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILIT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED						
	TAKEN BY					MC HELMET										
ì	UNIT #	JNIT # NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER								
PAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
OCCUPAN																
٥	INJURIES INJURED TAKEN BY EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILIT	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
۲	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER				
	( )		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					AGE GENDER								
ANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
OCCUPAN	1000															
٥	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
		BY						MC HELMET								
	1 FAT/		JRIES	1 - NONE US	FD FD		SEATING POS T – LEFT SIDE	ITION	1 - NOT DE	AIR BAG U	SAGE					
	1 - FATA 2 - SUS		RIOUS INJURY		OCCUPANT	ER)	YED FRONT									
				ER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT S			=	3 - DEPLO								
	4 - POSSIBLE INJURY  3 - LAP BELT					ND – LEFT SID	E		4 - DEPLOYED BOTH							
	5 - NO A	APPARENT	INJURY		ER & LAP BELT USED ESTRAINT SYSTEM –		ORCYCLE PASS ND – MIDDLE	SENGER)	FRONT/SIDE  5 - NOT APPLICABLE							
		INJURED	TAKEN BY	FORWAR	D FACING	6 - SECO	ND – RIGHT SII	DE		9 - DEPLOYMENT UNKNOWN						
		TRANSPOR		6 - CHILD RE	ESTRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE	CAR)								
	2 - EMS 7 - B00STEF					D – MIDDLE		EJECTION  1 - NOT EJECTED								
3 - POLICE 8 - HELMET				USED		D – RIGHT SIDE PER SECTION (		2 - PARTIALLY EJECTED								
					IVE PADS USED	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALLY EJECTED							
(ELBOW, KNEES, ETC.)  CARGO AREA (1)  10 - REFLECTIVE CLOTHING  BUS, PICK-UP WI								4 - NOT APPLICABLE								
					G – PEDESTRIAN		ENGER IN UNE	NCLOSED TRAPPED  1 - NOTTRAPPED								
				/ BICYCL			LING UNIT			2 - EXTRICATED BY MECHANICAL						
14 - RIDING ON						NG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS								
							MOTORIST R/UNKNOWN		3 - FREED MEANS	BY NON-ME	CHANIC	AL				
S		ST, FIRST, MIDD							E OF BIRTH		AGE	GENDER				
WITNESS		T, CATHY						1 0 / 0			6 5	F				
M		: STREET, CITY,	STATE, ZIP  NK RD BUCKEYE L	AKE. OH 43	008			CONTACT PHONE								
5	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER								
ESS																
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
4	NASAE	OT FIRST	15						E OF BIRZU		ACE	CENDER				
SS	NAIVIE: LA	ST, FIRST, MIDD	LE						E OF BIRTH	, , ,	AGE	GENDER				
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
3									1 1		<u> </u>					