FPUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES MA LOCAL INFORMATION	NDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	O O O O 7						
PHOTOS TAKEN OH-1P OTHER	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR									
SECONDARY CRASH PRIVATE PROPERTY	1507	2 1 - SOLVED L J 2 - UNSOLVED	020	1 98 - ANIMAL 99 - UNKNOWN							
COUNTY* LOCALITY* 1-CITY 4 5 1 2-VILLAGE HEATH		CRASH DATE / TIME* CRASH SEVERITY 0.6282023. 1201. 5 1- FATAL									
3-TOWNSHIP	LOCATION ROAD NAME		ROAD TYPE	0.6282023 1201 5 2-SERIOUS INJURY SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2 - SOUTH 3 - EAST 4 WEST			R D	40,035		MINOR INJURY					
	FIELDPOINT REFERENCE ROAD NAME (ROAD, I	MILEPOST HOUSE #)	ROAD TYPE	LONGITUDE		SUSPECTED INJURY POSSIBLE					
2 - SOUTH 3 - EAST	180 FIELDPOINT		R D	-82,437		PROPERTY DAMAGE					
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATED						
2 MILE POST 2 COUTU			RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPROA	СН					
3-HOUSE # 3-EAST	STATE ROUTE	- BOULEVARD MP - MILEPOST S	ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROAC							
DISTANCE DISTANCE CR	NUMBERED COUNTY ROUTE I		E - TERRACE L - TRAIL	ROADWAY							
3 0 2 - FEET	ROUTE		VA - WAY	ROADWAY DIVIDED							
3 - YARDS		- HEIGHTS PL - PLACE	СТ								
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER	R 1-NOT (NER OF CRASH COLLISION/IMPA COLLISION 4 - REAR-TO-REAR	. .	DIRECTION OF TRAVE	VIII NIII NIII NIII NIII NIII NIII NIII	LUSH MEDIAN					
The second secon	TWO	WEEN 5-BACKING MOTOR ICLES IN 6-ANGLE		2 - SOUTH 3 - EAST	(< 4 FEET 2 - DIVIDED F) LUSH MEDIAN					
4 - ON ROADSIDE 12 - SHARED U 5 - ON GORE TRAILS		NSPORT 7 - SIDESWIPE, SAMI		4 - WEST	(≥4 FEET 3 - DIVIDED D) EPRESSED MEDIAN					
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEAD	*	1			AISED MEDIAN					
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER/UN					9 - OTHER/UNKNOWN						
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE					
1:	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST V WARNING SIGN	WORK ZONE	RK ZONE 3 1							
	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNIN	o measurement of	1 - STRAIGHT LEVEL	1 - CONCRETE						
4-	INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - BLACKTOP, BITUMINOUS,						
ACTIVE SCHOOL ZONE 5 -	OTHER	5 - TERMINATION AR	EA	3 - CURVE LEVEL 3 - SNOW ASPHALT 4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOG							
LIGHT CONDITION 1 - Daylight	WEATHE 1 - CLEAR	ER 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL						
1 2 - DAWN/DUSK	.01 2 - CLOUDY	7 - SEVERE CROSSWINDS			6 - WATER (STANDING, MOVING)	5 - DIRT					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	8 - BLOWING SAND, SOIL, DIRT 9 - FREEZING RAIN OR FREEZI			7 - SLUSH 9 - OTHER/UNKNO						
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN						
NARRATIVE						Indicate the north					
Unit 2 was legally parked on	the north side of	F2			+++	direction with an "N" on the					
Fieldpoint Road, just south o		I		ScenePD ™ - Evaluation Edition		compass diagram.					
Fieldpoint Road. Unit 2 was		F-1	Evaluation	Evaluation Edition Edition							
struck by Unit 1. There is no		1		Evaluation I	Evaluation Edition Evaluation Edition						
about Unit 1, as it was a nit/skip venicle. Based on Evaluation Edition Evaluation Edition											
drove westbound on Fieldpo	•	- L		Evaluation Edition	Evaluation Edition	-					
with the front passenger's si	,	Evaluation Edition	uation Edition	Edition, 80	Evaluation Friboti						
			Evaluation	Evaluation Edition Edition Unit 2	Evaluation Editor						
		Evaluation Edition	uation Edition	Unit	Not To Scale Evaluation Edition Evaluation Edition						
		Fual	Unit 1 Evaluation	Evaluation Edition Rd FieldPoint Rd	Edition						
		Evaluation Edition	******	Evaluation I	Evaluation Edition Evaluation Edition						
		Evaluation Edition	Evaluation uation Edition	Evaluation Edition							
CDACH DEDORTED DATE (TYPE	DICDATCH DATE / TIME	<u> </u>		Trancite (877) 908-4777 SCENE CLEARED I	DATE / TIME	EDODI TAVEN BY					
CRASH REPORTED DATE / TIME 0.6282023	82023 1202	ARRIVAL DATE / TIME	2160	6 2 8 2 0 2 3	Total Control of the	EPORT TAKEN BY POLICE AGENCY					
TOTAL TIME OTHER TOTAL				CER'S NAME*		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINUT	Moone Moone	Н	unt			SUPPLEMENT (CORRECTION OR ADDITION					
0, , , , , , , , , , , , , , , , , , ,	0 OFFICER'S BAD		O 7	Y OFFICER'S BADGE N	3 0	TO AN EXISTING REPORT SENT TO ODPS)					

□ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DI OF PUB SAFETY - SEM	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						2 0	2		OCAL RE	PORT NU		2 9	3							
UNIT # 0 1	* NAME: LAST, FIRST, MIDDLE								1 1	DATE OF	BIRTH			AGE	GENDER						
ADDRESS	SS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE												
injuries	INJURED	EMS AGENCY (NAME)		INJURED	TAKENTO	D: MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT			SFAT	ING POSITI	ON ATP RA	G USAGE	EJECTION	TRAPPED					
ADDRESS INJURIES 5	TAKEN BY	EMS AGENOT (NAME)		INSORES	IAISEN IS	S. MEDIORE PROIETY	(NAME, CITT)	USED 9 9		T-COMPL HELMI	IANT	_	6		1	1					
OL STATE	ATE OPERATOR LICENSE NUMBER			OFFEN	SE CHA	RGED	LOCAL CODE	OFFENSE DESC	RIPTION			CITA	CITATION NUMBER								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		OHOL / DRUG SUSP	ECTED Rijuana	CONDITION	STATUS		OL TES	LUE	STATUS	DRU TYPE	G TEST(S	SELECT UP TO 4					
				9	0	THER DRUG		9	1	1			_1	1							
UNIT#	NAME: LAST, F	FIRST, MIDDLE									DATE OF	BIRTH			AGE	GENDER					
0 2																					
ADDRESS	S: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE												
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN T(EN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT SEATING POSITION AIR			ON AIR BA	IR BAG USAGE EJECTION TRAPPED								
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHA	RGED	LOCAL CODE	OFFENSE DESC	OFFENSE DESCRIPTION			N C			CITATION NUMBER						
5 UL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		OHOL / DRUG SUSP	ECTED Rijuana	CONDITION	STATUS		OL TES	LUE	STATUS	DRU TYPE	G TEST(S	SELECT UP TO 4					
						THER DRUG								<u></u>							
UNIT #	NAME: LAST, F	FIRST, MIDDLE								1 1	DATE OF	BIRTH			AGE GENDER						
ADDRESS	S: STREET, CITY, ST	ATE, ZIP							CONT	CONTACT PHONE - INCLUDE AREA CODE											
ADDRESS	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKENTO	D: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-Compl	IANT	ING POSITI	ON AIR BA	G USAGE	EJECTION	TRAPPED					
OL STATE	OPERATOR L	R LICENSE NUMBER OFFEN			SE CHA	RGED LOCAL OFFENS		OFFENSE DESC	 :SCRIPTION		C		CITA	CITATION NUMBER							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_ `	OHOL / DRUG SUSP		CONDITION	STATUS		OL TES) SELECT UP TO 4						
,			ВУ	1	=	ALCOHOL MAI OTHER DRUG	RIJUANA					1 1				11 11					
INJ	URIES	SEATING POSITION	P	AIR BAG		OL CLAS	s	OL RESTRIC	TION(S] [RIVER	DISTRAC	TION		TEST STA	TUS					
1 - FATAL	O SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			- NOT DIST	RACTED LY OPERATII	NC AN		IE GIVEN T REFUSED						
	O MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOY			3 - CLASS C	3 - CORRECTIVE LE			ELECTRONIC COMMI		NIC COMMU	NICATION 3-TEST GIVEN CONTAMINATED								
4 - POSSIBLE I		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOY 5 - NOT APP	ED BOTH FRO	ONT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER	A DUC		DIALING)					ABLE BULTS KNOWN					
5 - NO APPARENT INJURY		(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		MENT UNKN	OWN	5 - M/C MOPED ONLY		5 - EXCEPT CLASS 6 - EXCEPT CLASS		3		ON HANDS-F ICATION DE		5-TES	T GIVEN, RES						
1-NOTTRANSPORTED 6-SECOND-RIGHT SIDE						6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILE			ON HAND-HI ICATION DE		UNKNOWN ALCOHOL TEST TYPE							
/TREATED AT SCENE 7 - THIRD - LEFT SIDE								8 - INTERMEDIATE	E LICENSE 5 - OTHER ACTIVITY WITH AN					1-NONE							
3 - POLICE 8 - THIRD - MIDDLE 2 -			1 - NOT EJE 2 - PARTIAL	LLY EJECTED	EJECTED M-MOTORCYCLE 9-LEARNER'S PERMIT 6-PASSENGER						2 - BLOOD										
9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION			J-TOTALLI EJECTED F-FASSENGER				RESTRICTIONS 10 - LIMITED TO DAY	TAINTE ENGLISHED A DREAM													
SAFETY EQUIPMENT OF TRUCK CAB 1. NONE USED 11 - PASSENGER IN OTHER			LICABLE		Q - MOTOR SCOOTER 11 - LIMITED TO EM				PLOYMENT 8 - OTHER DISTRACTION OUTSIDE			OUTSIDE	DE 5 - OTHER								
1 - NONE USED	1 - NONE USED 11 - FASSENGER IN OHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOTTRA			RAPPED		R - THREE-WHEEL MO	PR 9-OTHER/UNKNOWN				DRUG TEST TYPE										
	3 - LAP BELT ONLY USED PICK-UP WITH CAP)		2 - EXTRICA	RICATED BY T - DOUBLE & TRIPLETRALLERS CONTROLS OF			KES, HAND				1 - NONE 2 - BLOOD										
	& LAP BELT USED TRAINT SYSTEM –	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY			X - TANKER / HAZMAT ADAPTIVE DEVI			CES) 1 - APPARENTLY NORMAL			3 - URINE									
FORWARD F	ACING	13 - TRAILING UNIT	NON-MECHANICAL MEANS				14 - MILITARY VEH 15 - MOTOR VEHICL			E THIOTORE INITIALITY		ESSED,									
REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	JR					AIR BRAKES 16 - OUTSIDE MIRROR			ANGRY, DISTURBED) 4- ILLNESS			DRUG TEST RESULT(S)							
7 - BOOSTER S		15 - NON-MOTORIST 99 - OTHER / UNKNOWN	ANI					17 - PROSTHETIC AID 5 - FELL ASLEEP, FAINTED,			D,	1 - AMPHETAMINES 2 - BARBITURATES									
8 - HELMET U	E PADS USED	J. J. L. J.						18 - OTHER		6-	FATIGUED - UNDER TH	, ETC. E INFLUEN	CE	3 - BENZODIAZEPINES							
(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING												ATIONS / DR		4 - CANNABINOIDS 5 - COCAINE							
11 - LIGHTING -	PEDESTRIAN									9-	- OTHER/U			6 - OPI	ATES / OPIOI)S					
/ BICYCLE ONLY 99 - OTHER / UNKNOWN														7 - OTHER 8 - NEGATIVE RESULTS							

Ũ	OCCUPANT / WITNESS ADDENDUM						2023		ORT NUMBER 7	2 9	3				
	UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE						
ANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN									1 1						
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
ı	1 1								f f f						
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
9	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	SEATING POSITION AIR BAG USAGE EJECTION TR							
ı		TAKEN BY			USED			DOT-COMPLIANT MC HELMET							
ľ	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE							
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
9	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facili	SAFETY EQUIPMENT		SEATING POSITION	AID BAC HSACE	AGE EJECTION TRAPPED					
	INJUNIES	RIES INJURED EMS AGENCY (NAME)			INSURED PARENTS. MEDICAL PAGEL	USED	DOT-COMPLIANT MC HELMET	J. I I	AIN BAU USAUL	Lacorion	IKAITED				
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
PAN	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN										<u> </u>	<u> </u>				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facil t	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
			IRIES	SAFFTY	/ EQUIPMENT USED	1	SEATING POS			AIR BAG U	SAGE				
	1 - FATA			1 - NONE US			T – LEFT SIDE		1 - NOT DE						
	3 - SUSPECTED SERIOUS INJURY 2 - SHOULDE			OCCUPANT	'ER)	2 - DEPLO	YED FRONT								
				FONLY USED	Ξ		3 - DEPLOYED SIDE								
	4 - PUSSIBLE INJURY 4 - SHOULDE				ER & LAP BELT USED	ND - LEFT SID		4 - DEPLOYED BOTH FRONT/SIDE							
	INJURED TAKEN BY FORWAR				RESTRAINT SYSTEM – 5 - SECOND – MID				5 - NOT AP						
				STRAINT SYSTEM –	ND – RIGHT SII D – LEFT SIDE	DE	9 - DEPLO	YMENT UNK	NOWN						
		EATED AT S		REAR FA		(MOTORCYCLE SIDE CAR) EJECTION									
	2 - EMS 7 - B00STEF				8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE										
	3 - POLICE 8 - HELMET				10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENCER IN OTHER ENCLOSED 3 - TOTALLY EJECTED										
					TVE PADS USED KNEES, ETC.)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, 4 - NOT APPLICABLE)									
	10 - REFLEC				IVE CLOTHING		PICK-UP WITH CAI	- n							
	/ BICYCLE ONLY CARGO AREA					O AREA	TRAPPED 1 - NOTTRAPPED								
	99 - OTHER / UNKNOWN 14 - RIDING ON VEHICL							2 - EXTRICATED BY MECHANICAL							
					(NON-TRAILING UNIT)				MEANS 3 - FREED BY NON-MECHANICA			ΔΙ			
							MOTORIST R/UNKNOWN		MEANS		OTTANTO	AL			
"		ST, FIRST, MIDD						DAT	E OF BIRTH		AGE	GENDER			
WITNESS		PS, ROGE						0 6 / 2			8 4	M			
MI		: STREET, CITY,	STATE, ZIP F RD HEATH, OH 4	3056				CONTACT PHONE				•			
5		ST, FIRST, MIDD						DATE OF BIRTH AGE GENDER							
ESS		,,													
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
4															
SS	NAME: LAS	ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE		INCLUDE AREA CODE					
≥									I						