OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES MA	ANDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	OCAL REPORT NUMBER	[°] 412			
PHOTOS TAKEN OH-2 NOH-3 OH-3 OH-1P OTHER		HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
SECONDARY CRASH PRIVATE PROPERTY	NCIC* 1 5 0 7	1 - SOLVED 0 2 0 1 98 - ANIM 99 - UNKN							
L - CITY	Y, VILLAGE, TOWNSHIP*			CRASH DATE / T	_ 1.	SH SEVERITY FATAL			
4 5 1 2-VILLAGE HEATH	08202023, 2114, 3 2-SERIOUS INJURY								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LATITUDE DECIMAL DEGREES SUSPECTED 4.0.0.2.2.1.7.0. 3-MINOR INJURY								
THE THEOL	DOAD TYPE	LONGITUDE DECIMAL DEGREES 4- INJURY POSSIBLE							
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD,	, MILEPUS I, HUUSE #)	ROAD TYPE			INJURY POSSIBLE PROPERTY DAMAGE			
	Heath	v	R D	-82,448	307	ONLY			
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE 1-NORTH IR	ROUTE TYPE INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW- HIGHWAY R	D - ROAD	INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH					
2 MILE DOST O COUTU	FEDERAL US ROUTE AV	Q - SQUARE			4 BER OF APPROACHES				
	4-WEST SR-STATE ROUTE BL-BUULEVARD WP-MILEPUST ST-STREET CR - CIRCLE OV - OVAL TE - TERRACI								
FROM REFERENCE UNIT OF MEASURE	MUMPEDED TOWNSHIP		L - TRAIL VA - WAY	ROADWAY					
0 2 2-FEET 3-YARDS	ROADWAY DIV	ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVEN		NER OF CRASH COLLISION/IMPA	СТ	DIRECTION OF TRAVEL MEDIAN TYPE					
1 - ON ROADWAY 9 - CROSSOVER 0 1 2 - ON SHOULDER 10- DRIVEWAY	ALLEY ACCESS 3 BET	COLLISION 4-REAR-TO-REAR WEEN 5-BACKING		1 - NORTH 1 - DIVIDED FLUSH MEDIAN					
	RADE CROSSING VEH	O MOTOR HICLES IN 6-ANGLE	DIDECTION	3 - EAST (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) (>4 FEET)					
5 - ON GORE TRAILS	2 - REA	.NSPORT 7 - SIDESWIPE, SAMI R-END 8 - SIDESWIPE, OPPO		4 - WEST 3 - DIVIDED, DEPRESSED MEI					
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 7 - ON RAMP 14 - TOLL BOOT	2:00	.D-ON 9-OTHER/UNKNOV	VΝ		AISED MEDIAN				
8-OFF RAMP 99-OTHER/UN	IKNOWN				9 - OTHER/UNI	KNOWN			
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN WO		CONTOUR	CONDITIONS	SURFACE			
WORKERS PRESENT 2 -	LANE SHIFT/CROSSOVER	WARNING SIGN		1	1	2 1-CONCRETE			
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA	DANSITION ADEA						
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARI	EΑ	2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOU ASPHALT					
				4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOG					
LIGHT CONDITION 1 - Daylight	1 - CLEAR	6 - SNOW				4 - SLAG, GRAVEL, STONE			
3 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	02 2 - CLOUDY	7 - SEVERE CROSSWINDS E 8 - BLOWING SAND, SOIL, DIRT,	1 13-111						
4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FREEZI	IG RAIN OR FREEZING DRIZZLE 7 - SLUSH 9 - OTH						
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN				
NARRATIVE			I I I		N.	Indicate the north			
UNIT 2 WAS STOPPED AT TH	E TRAFFIC SIGNAL					direction with an "N" on the			
UNIT 1 STRUCK UNIT 2 FRO	M BFHIND.			ScenePD ™ - Evaluation Edition		compass diagram.			
			Evaluation uation Edition	Edition Evaluation Edition	/ /				
		Evaluation Edition		Exhlustion F	Evaluation Edition Evaluation Edition				
		Evaluation Edition	Evaluation uation Edition	SREGulation Edition	/				
		F		Evaluation Edition	Evaluation Edition Evaluation Edition	-			
		H Evaluation Edition	EATH RD Evaluation	Edition	É Eviduation Edition	-			
		_	⇒ D Byaluation	Evaluation Edition Edition	Edition DORSEY MILL RD				
		Evaluation Edition	uation Edition		Not To Scale Evaluation Edition Evaluation Edition	-			
		Evalu	Evaluation	Evaluation Edition Edition SR 79	Edition N				
		Evaluation Edition	/ /	SR 79	Evaluation Edition Edition				
		Evaluation Edition	Evaluation Lation Edition	ditton Evaluation Edition					
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		Trancite (877) 908-4777 SCENE CLEARED I	DATE / TIME DE	EPORT TAKEN BY			
STATE OF THE STATE	02023 2122		122 0	8 2 0 2 0 2 3		POLICE AGENCY			
TOTAL TIME OTHER TOTAL				CER'S NAME*		MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUT	Schumacher Schumacher	S	mart			SUPPLEMENT (CORRECTION OR ADDITION			
6 0 1 2		DGE NUMBER* 1 5 6	O 7	Y OFFICER'S BADGE N	3 8	TO AN EXISTING REPORT SENT TO ODPS)			

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OHIO DO OF PUB SAFETY - SE	OHIO DEPARTMENT MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 0 9 4 1 2								
UNIT#	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER								
0 1	PITTS, ADAM C							0 8 / 0 1 / 1 9 7			7 2	5 1	M		
ADDRESS	S: STREET, CITY, ST	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
392 W INJURIES	TOOMEY LI	N MADISONVILLE, T	N 37354	1											
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED 7	TAKEN TO	: MEDICAL FACILITY	MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT		DOT-Com	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
<u>5</u>	BY							0 4	MC HELI	MET 0 1	2	1	1		
OL STATE	OPERATOR L	ICENSE NUMBER			SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATIO	ATION NUMBER			
				333.0			X	333.03				5082023001			
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Tracted	_	DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION	STATUS TYP	PE VALUE		RUG TEST(S YPE RESULT	SELECT UP TO 4		
4				5	=	THER DRUG	MOUANA	1	1 1		1 1	L			
UNIT #	NAME: LAST, F	FIRST, MIDDLE						1		DATE OF BIRTH		AGE	GENDER		
0 2	DYE, JOS	HUA BENJAMIN							0 5 /	3 0 / 1	9 7 2	5 1	M		
ADDRESS	S: STREET, CITY, STA	ATE, ZIP							CONTACT P	HONE - INCLUDE AREA (ODE				
864 PI NOV	KE ST ETN	A, OH 43018													
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED 1	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Com	SEATING POSITIO	N AIR BAG US	AIR BAG USAGE EJECTION TRAPPED			
0N 5	BY							0 4	MC HELMET 0 1		1 1				
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATIO	NUMBER			
OH															
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIS	VER ALCOHOL / DRUG SUSPECTED TRACTED ALCOHOL MARIJUANA			CONDITION	STATUS TYP	PE VALUE		TATUS TYPE RESULT SELECT UP TO 4				
2			ВУ	1	=	THER DRUG	MIJUANA	1	1 1		1 1	L			
UNIT#	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
										1 1 1 1 1	1 1				
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
TOR										1 1 1	1 1	1 1			
ADDRESS ADDRESS INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Com	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
								MC HELMET		J					
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	RGED LOCAL OFFENSE DESC			RIPTION			TATION NUMBER			
								ALCOHOL TEST		DRUG TEST(S)					
≥ OL CLASS	SELECT UP TO 2 DI			RACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA		CONDITION	STATUS TYP				SELECT UP TO 4				
					=	THER DRUG									
	URIES	SEATING POSITION		IR BAG		OL CLAS	s	OL RESTRIC	and the second second second	DRIVER DISTRAC		TEST STA	TUS		
1 - FATAL 2 - SUSPECTE	D 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 OPERATIN		NONE GIVEN TEST REFUSED			
	3 - SUSPECTED MINOR INJURY 2 - FRONT - MIDDLE 3-			EPLOYED SIDE 3 - CLASS C				3 - CORRECTIVE LE	ENSES ELECTRONIC COMMUN DEVICE (TEXTING, TY		CATION 3 - TEST GIVEN, CONTAMINATED				
4 - POSSIBLE I		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE				4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A RIIS	DIALING)		SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN			
	(MOTORCYCLE PASSENGER) 9 - DEPLO			MENT UNKNOWN 5 - M/C MOPED ONLY			6 - EXCEPT CLASS		COMMUNICATION DEVI						
	1-NOTTRANSPORTED 6-SECOND-RIGHT SIDE					6 - NO VALID OL & CLASS B BUS 7 - EXCEPT TRACT				4-TALKING ON HAND-HE COMMUNICATION DEV	ICF				
/TREATED		7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)		ECTION		OL ENDORSE	MENT	8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	I AN	NONE	STITPE		
3 - POLICE	2 - EWIS 0 THIRD MIDDLE		1 - NOT EJE 2 - PARTIAL	ECTED H - HAZMAT LLY EJECTED M - MOTORCYCLE			RESTRICTIONS 9 - LEARNER'S PERMIT		6 - PASSENGER		2 - BLOOD				
9 - OTHER / UN	10 CLEEDED CECTION		3-TOTALLY	/ EJECTED P - PASSENGER			RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE 4 - BREATH				
SAFETY	SAFETY EQUIPMENT OF TRUCK CAB			LICADLE N-TANKER				- LIMITED TO EMPLOYMENT 8 - OTHER DISTRACTION							
	ENCLOSED CARGO AREA			RAPPED R - THREE-WHEEL MOTORCYCLE 12 - LIMITED -			12 - LIMITED - OTHE		7 - OTHER / UNKNOWN	DRUG TEST TYPE					
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRI		1 - NOT TRA 2 - EXTRICA	3 - 30HUUL DU3			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		1 - NONE 2 - BLOOD				
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	BED MECHANICAL MEANS 3 - FREED BY		X - TANKER / HAZMAT		ADAPTIVE DEVI	CES)	1 - APPARENTLY NORMAL		URINE				
	FORWARD FACING 13 - TRAILING UNIT		NON-MECHANICAL MEANS					14 - MILITARY VEHIO	- WENT AND			4 - OTHER			
	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		DRUG TEST RESULT(S)				
7 - BOOSTER S	7 - BOOSTER SEAT 15 - NON-MOTORIST						17 - PROSTHETIC AID 5- FELL AS		4- ILLNESS 5- FELL ASLEEP, FAINTER						
	8 - HELMET USED 99 - OTHER / UNKNOWN						18 - OTHER		FATIGUED, ETC.		3 - BENZODIAZEPINES				
(ELBOW, KN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)								6- UNDERTHE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - CANNABINOIDS 5 - COCAINE				
	0 - REFLECTIVE CLOTHING .1 - LIGHTING – PEDESTRIAN								9- OTHER / UNKNOWN			6 - OPIATES / OPIOIDS			
/ BICYCLE (/ BICYCLE ONLY OTHER / UNKNOWN											OTHER	ITC		
,, 5111217/01									8-	NEGATIVE RESU	LIO				

Î	OHIO DEF	DEPARTMENT OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER						
W.	SAFETY - SERVI	ICE - PROTECTION	CCUPANT /	AATIME:	22 MANEMANIM			2023	- 0 0	0 0 9	4 1	2		
	UNIT #	NAME: LAST, FIRST, MIDDLE							TE OF BIRTH		AGE	GENDER		
	02	DYE, G	AVIN DANIEL		0 8 / 3	1 / 2 0	1 0	1 2	М					
Ā	ADDRESS:	STREET, CITY,	STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE								
OCCUPANT	455 BR	ROADVIEW CT PATASKALA, OH 43062												
8	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED		
	5	BY					0 4	MC HELMET	0 3	1	1	_1		
	UNIT #	NAME: LAS	T, FIRST, MIDDLE		DAT	TE OF BIRTH		AGE	GENDER					
OCCUPANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	E - INCLUDE AREA CO	DE				
						T SEATING POSITION AIR BAG USAGE EJECTION TRAPPET								
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED				
5														
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE						
ţ-	ADDDESS	070557 0171/	OTATE TVD					CONTACT DUOMS						
OCCUPANT	AUUKE35:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT				SEATING POSITION	ATR RAG USAGI	EJECTION	TRAPPED		
		TAKEN BY	Zino Adziro (MAMZ)		THOUSE PARENTS: MEDICAL PARENT	T thame, of the	USED	DOT-COMPLIANT MC HELMET	DEATHER FORTION AND BAG OF			IRAFFED		
8	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	TE OF BIRTH		AGE	GENDER		
			.,					DATE OF BIRTH						
ANA	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT									1 1	1 1	1 1	1 1		
8	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED		
		BY					USED	MC HELMET						
ı		INJU	JRIES	SAFET	Y EQUIPMENT USED	ļ	SEATING POS	ITION		AIR BAG L	SAGE			
	1 - FATA	AL .		1 - NONE US	ED - COCCUPANT		T - LEFT SIDE	FD)	1 - NOT DE	PLOYED				
			RIOUS INJURY		ER BELT ONLY USED 2 - FRONT - MIDDLE T ONLY USED 3 - FRONT - RIGHT SID			LIV		YED FRONT				
			INOR INJURY							3 - DEPLOYED SIDE 1 - DEPLOYED BOTH				
	4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 4 - SHOULD			ER & LAP BELT USED 4 - SECOND - LEFT (MOTORCYCLE				FRONT/SIDE						
	5 - CHILD RI			ESTRAINT SYSTEM -	.=	PPLICABLE								
i	INJURED TAKEN BY FORWAR 1 - NOT TRANSPORTED 6 - CHILD RI			ESTRAINT SYSTEM –	DE 9 - DEPLOYMENT UNKNO									
		EATED AT S		REAR FA		(MOT	D – LEFT SIDE ORCYCLE SIDE	CAR)	EJECTION					
	2 - EMS 7 - B00STER			RSEAT		D – MIDDLE D – RIGHT SIDE	Ī	ECTED						
	3 - POLICE 8 - HELMET				10 - SLEE	PER SECTION (OF TRUCK CAB		ALLY EJECTED					
				TIVE PADS USED KNEES, ETC.)		ENGER IN OTH O AREA (NON-TI			LY EJECTED					
				TIVE CLOTHING NG – PEDESTRIAN BUS, PICK-UP WITH 12 - PASSENGER IN UI CARGO AREA			P)	4 - NOT APPLICABLE TRAPPED						
							NCLOSED	1 - NOT TRAPPED						
					LING UNIT		2 - EXTRICATED BY MECHANI			CAL				
				,, 0111211,			NG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS	5				
							MOTORIST		3 - FREED MEANS	BY NON-M	ECHANIC	AL		
						99 - OTHE	R / UNKNOWN	I				- AENDED		
SS	NAME: LAS	ST, FIRST, MIDD	ILE						TE OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE		DE DE				
₹		,	, ,						T 1	1 1	1 1	1 1		
ľ	NAME: LAS	ST, FIRST, MIDD	LE					DAT	TE OF BIRTH		AGE	GENDER		
ESS														
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE		•		
9										<u> </u>				
ŞŞ	NAME: LAS	ST, FIRST, MIDD	LE						TE OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
š			G. 1991 Bay Seat					Souther Hold	I I	1 1	1			
											-			