OF PUBLIC SAFETY TRAFFIC CRASH REPORT		CAL REPORT NUMBER	*							
PHOTOS TAKEN OH-2 NOH-3 LOCAL INFORMAT.	2023-	00010	400							
OH-1P OTHER REPORTING AGEN SECONDARY CRASH PRIVATE PROPERTY Heath PD	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 0 2 9 98 - ANIMAL								
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE TOWNSHIP		2 - UNSOLVED L. 99 - UNKNOWN CRASH DATE/TIME* CRASH SEVERITY								
4 5 1 2-VILLAGE HEATH		09152023 1407 5 1- FATAL								
A MARKO DE COMUNICACIONES DE C	AME	ROAD TYPE	2 - SERIOUS INJURY							
ROUTE TYPE ROUTE NUMBER PREFIX 1- NORTH 2- SOUTH 2- SOUTH 2 3- EAST 4- WEST 30TH	ST	40,0288	3 6 5	- MINOR INJURY SUSPECTED						
1 11201	NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		- INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4 - WEST	T E I	-82,440	5 2 4 5	- PROPERTY DAMAGE ONLY						
REFERENCE POINT DIRECTION ROUTE TYPE	ROAD TYPE			NTERSECTION RELATE	D					
1 - INTERSECTION 1 - NORTH IR - INTERSTATE ROUT 2 - MILE POST 2 - SOUTH US - FEDERAL US ROUT		D - ROAD Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH							
3 - HOUSE # 3 - EAST 4 - WEST SR - STATE ROUTE	BL - BOULEVARD MP - MILEPOST S	- STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
DISTANCE DISTANCE CR - NUMBERED COUNT	V POLITE I	E - TERRACE TRAIL	ROADWAY							
1 - MILES TR - NUMBERED TOWNS 2 - FEET ROUTE	DK - DKIVE 11 - LIKE W	A - WAY	ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVENT	HE - HEIGHTS PL - PLACE MANNER OF CRASH COLLISION/IMPAC	т	DIRECTION OF TRAVEL	MEDIA	N TYPE					
1 - ON ROADWAY 9 - CROSSOVER	1-NOT COLLISION 4-REAR-TO-REAR	**	1 - NORTH	1 - DIVIDED F	LUSH MEDIAN					
0 1 2 - ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 1	6 BETWEEN 5-BACKING TWO MOTOR VEHICLES IN 6-ANGLE		2 - SOUTH	(< 4 FEET	LUSH MEDIAN					
4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS	TRANSPORT 7 - SIDESWIPE, SAME		3 - EAST 4 - WEST	(≥4 FEET						
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR-END 8 - SIDESWIPE, 0PP03 3 - HEAD-ON 9 - OTHER / UNKNOW		4 - DIVIDED, RAISED MEDIAN (ANY TYPE)							
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER/UNKNOWN				9 - OTHER/UN						
WORK ZONE RELATED WORK ZONE TYPI	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE					
1 - LANE CLOSURE WORKERS PRESENT 2 - LANE SHIFT/CROSS	1 - BEFORE THE 1ST W WARNING SIGN	ORK ZONE	1	1	2					
3-WORK ON SHOULDE	O ADVANCE WADNIN		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE							
OR MEDIAN 4 - INTERMITTENT OR		2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS,								
ACTIVE SCHOOL ZONE 5 - OTHER	5 - TERMINATION ARE	Α		3 - SNOW 4 - ICE	ASPHALT 3 - BRICK/BLOCK					
LIGHT CONDITION	WEATHER		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT,	4 - SLAG, GRAVEL,					
1 - DAYLIGHT 1 - CLE. 1 2 - DAWN/DUSK 2 - CLOI				OIL, GRAVEL 6 - WATER (STANDING,	STONE 5 - DIRT					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED 4 - RAII	SNOW NG DRIZZLE	MOVING) 7 - SLUSH 9 - OTHER/UNKNOW								
5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLE	ET, HAIL 99 - OTHER / UNKNOWN	NO DIVIZZEE		9 - OTHER/UNKNOWN						
9 - OTHER / UNKNOWN										
Unit 1 said he signaled to turn left on	to S 30TH		NAT 100	N N	Indicate the north direction with					
street heading north. Unit 1 pulled out					an "N" on the compass diagram.					
struck at his front bumper area.	_	Evaluation	ScenePD ™ - Evaluation Edition Evaluation Edition		-					
-	Evaluation Edition	Evaluation ation Edition	Edition	Evaluation Editio	n ==					
Unit 2 was directly across S.30th and si	· .	Evaluation	Evaluation E Evaluation Edition	Evaluation Edition slition						
left towards SR. 79. Unit 2 pulled out at her passenger side front and rear do	Evaluation Edition	ation Edition		SHADES Evaluation Edition						
driver could not be determined.		Evaluation	Evaluation Edition	iltion						
Evaluation Edition Unit Evaluation Edition Unit Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Unit Evaluation Edition Eva										
	GOODYE Evaluation Edition	AR Evaluation	Evaluation Edition							
	E-Vangason EuritUII		Evaluation E	Evaluation Edition Evaluation Edition Mor To Scale	n					
Evaluation Edition Evaluation Edition Evaluation Edition										
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition										
	Evaluation Edition	Evaluation ation Edition	Edition							
CRASH REPORTED DATE / TIME DISPATCH DATE / T.	IME ARRIVAL DATE / TIME		SCENE CLEARED D	ATE/TIME R	EPORT TAKEN BY					
09152023 1407 09152023	140909152023 1	4 1 6 0	9152023	1527	POLICE AGENCY					
TOTAL TIME OTHER TOTAL OFFICER'S	NAME*	ECKED BY OFFI	CER'S NAME*		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINUTES Rober		unt	Y OFFICER'S BADGE N	IIMPED*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
	OFFICER'S BADGE NUMBER* 7 - 1 4 9	D 7	- 1	3 0	CONTRACTOR OF THE PROPERTY OF					

OHIO DEI OF PUBLI SAFETY - SERV	CHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST					2 0 2 3 - 0 0 0 1 0 4 0 0											
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE 0	F BIRTH			AGE	GENDER		
0 1	GRULY, JACOB MICHAEL STREET, CITY, STATE, ZIP						0 8			/ 2		4	1 9	М			
E		ANCASTER, OH 4313	80						. CONT			OCCUDE AREA	. CODE				
8	INJURED	EMS AGENCY (NAME)		INJURED -	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SE/	ATING POSIT	TON AII	R BAG USA	GE EJECTION	TRAPPED	
INJURIES 5	TAKEN BY							USED O 4		T-COMPLI HELMI		0 1		1	1	1	
OL STATE	OPERATOR L	OR LICENSE NUMBER OFFENSE CH			SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION	١				CITATION NUMBER			
Е о н					CODE												
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	OHOL / DRUG SUSP		CONDITION	STATUS	ALCOH TYPE		ST /ALUE	STAT		UG TEST(S PE RESUL	T SELECT UP TO 4	
. 4			BY	9	=	LCOHOL MAI THER DRUG	RIJUANA	1	.1	.1			1	1			
UNIT #	NAME: LAST, F	FIRST, MIDDLE			υΰ	THER DROG					DATE 0	F BIRTH	<u> </u>		AGE	GENDER	
0 2									1 2 / 0 7 / 1 9 9 8 2 4 F								
	: STREET, CITY, ST	·							CONTACT PHONE - INCLUDE AREA CODE								
1100 T	HORNWOO	DD DR 907 HEATH, O	H 4305	6													
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED T	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	□ D0	T-Compli	SE/	ATING POSIT	TON AII	R BAG USA	GE EJECTION	TRAPPED	
5	BY						USED O 4	MC HELMET 0 1			_ _	1	_ 1	1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL CODE		OFFENSE DESC	RIPTION	N				CITATION NUMBER				
PO H											AL TE						
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Fracted		DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION	STATUS	ALCOH TYPE	UL IE	/ALUE	STAT		PE RESUL	T SELECT UP TO 4	
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UNIT #	NAME: LAST, FIRST, MIDDLE								DATE 0	F BIRTH			AGE	GENDER			
																J	
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTA	ACT PHO	ONE - IN	NCLUDE AREA	A CODE			•	
ADDRESS:													_	1			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-Compli HELMI	IANT	ATING POSIT	ION AII	R BAG USA	GE EJECTION	TRAPPED	
OL STATE		ERATOR LICENSE NUMBER		OFFENSE CHARGED LOCAL OFFE		OFFENSE DESC					- -	ITATION	UMBER				
ORIS	OI EKATOK E	TOENSE NOMBER	NUMBER OFFENSE CH			CODE		OTTENSE BESO	KIPTION				ľ	OTTATION NOMBER			
OL CLASS	\S ENDORSEMENT RESTRICTION SELECT UP TO 3 DRI					CONDITION			LCOHOL TEST			DRUG TEST(S)					
	SELECT UP TO 2		DIST BY	TRACTED	🔲 AI	LCOHOL MA	RIJUANA		STATUS	TYPE	'	/ALUE	STAT	US	PE RESUL	.I SELECT UP TO 4	
	LULU			TD D40	0	THER DRUG			L								
1 - FATAL	JRIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG LOYED		OL CLAS 1-CLASS A	S	OL RESTRIC 1-ALCOHOL INTER				R DISTRA STRACTED	CIIUN		TEST STA	ATUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYE				2 - CDL INTRASTATE ONLY			2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATI			2 - TEST REFUSED				
3 - SUSPECTED 4 - POSSIBLE IN	OWINOR INJURY 2 FRONT DIGHT CIDE		ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LENSES 4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
	4 SECOND LEET SIDE		5 - NOT APP	LICABLE (OHIO = D) 5-			5 - EXCEPT CLASS	3	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS					
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOYI	MENT UNKNO	OWN	6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A	4		INICATION DE G ON HAND-F			INKNOWN	30113	
1 - NOT TRANSP /TREATED A		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	Ξ.	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE				INICATION DE ACTIVITY WI		AL	COHOL TE	ST TYPE	
2 - EMS		(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT		RESTRICTIONS	LICENSE		ELECTR	RONIC DEVIC			IONE ILOOD		
3 - POLICE 9 - OTHER / UNK	KNOWN	8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE	2 - PARTIAL 3 - TOTALLY			M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	TIMIT		- PASSEN - OTHER	IGER DISTRACTIOI	N		IRINE		
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP			N - TANKER		10 - LIMITED TO DAY		Y	INSIDE	THE VEHICL	E		REATH		
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	TI	RAPPED		Q - MOTOR SCOOTER	TODOVOLE	11 - LIMITED TO EM			THEVE		IN 001211		THER		
	SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOT TRAF AP REIT ONLY USED PICK-UP WITH CAP) 2 - FYTRICA'			PPED S - SCHOOL BUS 13 - MECHANICAL D				9	9 - OTHER / UNKNOWN			The second	DRUG TEST TYPE 1-NONE				
	SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHAN		T - DOUBLE & TRIPLETRAILERS CONTROLS,			CONTROLS, OR O	CONTROLS, OR OTHER ADAPTIVE DEVICES) 1 - APPARE 4 - MILITARY VEHICLES ONLY 2 - PHYSIC, 5 - MOTOR VEHICLES WITHOUT 3 - EMOTIO			ONDITIO							
	- CHILD RESTRAINT SYSTEM - CARGO AREA 3 - FREED E FORWARD FACING 13 - TRAILING UNIT NON-ME		Y CHANICAL MEANS 14 - MILITA							1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT			3 - URINE 4 - OTHER				
6 - CHILD REST	- CHILD RESTRAINT SYSTEM _ 14 - RIDING ON VEHICLE EXTERIOR									3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			DRUG TEST RESULT(S)				
	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST			16-00			16 - OUTSIDE MIRROR		4-	4- ILLNESS				1 - AMPHETAMINES			
8 - HELMET US	8 - HELMET USED 99 - OTHER / UNKNOWN							17 - PROSTHETIC AID 18 - OTHER			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.				2 - BARBITURATES 3 - RENZODIAZEDINES		
9 - PROTECTIVE (ELBOW, KN								10-VIIIEN			6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS				3 - BENZODIAZEPINES 4 - CANNABINOIDS		
10 - REFLECTIVE	- REFLECTIVE CLOTHING									/ALCOHOL				5 - COCAINE 6 - OPIATES / OPIOIDS			
11 - LIGHTING - I / BICYCLE Of	HTING - PEDESTRIAN ICYCLE ONLY											9- OTHER / UNKNOWN			7 - OTHER		
99 - OTHER / UNK	OTHER / UNKNOWN														8 - NEGATIVE RESULTS		