OFFICE CRASH FOR THE STATE OF T	REPORT *DENOTES MANDATORY FIELD FOR SUPPLE	LOCAL REPORT NUMBER*								
	LOCAL INFORMATION	2023-00014143								
OH-1P OTHER	REPORTING AGENCY NAME* Heath PD 0	HIT/SKIP 2 1-SOLVED	NUMBER OF UNITS 0 1 0	UNIT IN ERROR 1 98 - ANIMAL						
COUNTY* LOCALITY* LOCATION: CITY.	VILLAGE, TOWNSHIP*		CRASH DATE / T	IME* CRA	SH SEVERITY					
4 5 1 2-VILLAGE HEATH	1 5 1 2-VILLAGE HEATH									
The second of th	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DE		SERIOUS INJURY SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NOR1H 1 2 - SOUTH 3 - EAST	FRANKLIN	AV	4,0,0,2,7,3,6,4, 3-MINOR INJURY SUSPECTED							
	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 4 - INJURY POSSI							
C 100 100 100 100 100 100 100 100 100 10	865		-82,411	1 1 7 5-	PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE ROAD TYPE			INTERSECTION RELATED	i					
3 2-MILE POST 2 2-SOUTH US-	INTERSTATE ROUTE(TP) AL - ALLEY HW-HIGHWAY FEDERAL US ROUTE AV - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPROA	СН					
3 - HOUSE # 3 - EAST	STATE ROUTE BL - BOULEVARD MP - MILEPOST	ST - STREET	WITHIN INTE	RCHANGE AREA NUM	BER OF APPROACHES					
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CR - CIRCLE	TE - TERRACE TL - TRAIL		ROADWAY						
	NUMBERED TOWNSHIP DR - DRIVE PI - PIKE ROUTE HE - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIV	IDED						
LOCATION OF FIRST HARMFUL EVENT		ACT	DIRECTION OF TRAVE	MEDIAN	N TYPE					
1 - ON ROADWAY 9 - CROSSOVER 0 1 2 - ON SHOULDER 10 - DRIVEWAY/A	1-NOT COLLISION 4-REAR-TO-REAR BETWEEN 5-BACKING	Ę.	1 - NORTH 1 - DIVIDED FLUSH MEDIAN							
└───── 3 - IN MEDIAN 11 - RAILWAY GR	ADE CROSSING VEHICLES IN 6-ANGLE	MINUS VALUE AND LINE	2 - SOUTH 3 - EAST	I f	LUSH MEDIAN					
4 - ON ROADSIDE 12-SHARED USI 5 - ON GORE TRAILS	E PATHS OR TRANSPORT 7 - SIDESWIPE, SA 2 - REAR-END 8 - SIDESWIPE, OF		4 - WEST	0 10 1 to 0 10 10 10 10 10 10 10 10 10 10 10 10 1	DEPRESSED MEDIAN					
0 - 00 ISIDE INALI IOWAL	6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - OTHER/UNKNOWN									
7 - ON RAMP 14-TOLL BOOTH (ANY TYPE 99-OTHER/ UNKNOWN 9-OTHER/ UNKNOWN 9-OTHER/ UNKNOWN 9-OTHER/ UNKNOWN										
WORK ZONE RELATED	WORK ZONE TYPE LOCATION OF CRASH IN V		contour 2	conditions 2	SURFACE 2					
T WARKERS PRESENT	1 - LANE CLOSURE 1 - BEFORE THE 1ST WORK ZONE WORKERS PRESENT 2 - LANE SHIFT/CROSSOVER WARNING SIGN									
LAW ENFORCEMENT PRESENT L 3-W	ING AREA EA	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - CONCRETE							
	NTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA OTHER 5 - TERMINATION A	DEA	3 - CURVE LEVEL	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS, ASPHALT					
	WEATHER	NLA .	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK					
LIGHT CONDITION 1 - DAYLIGHT	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE								
4 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	RT, SNOW	6 - WATER (STANDING, MOVING) 5 - DIRT								
4 - DARK — ROADWAY NOT LIGHTED	ZING DRIZZLE	7 - SLUSH 9 - OTHER/UNKN								
5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN										
NARRATIVE	L. I. i. I.			No.	Indicate the north					
UNIT 1 WAS FOUND ABANDO	NED AFTER A CRASH.				direction with an "N" on the					
NO DRIVER WAS ON SCENE. compass diagram.										
UNIT 1 STRUCK A MAILBOX WITH ITS REAR. Evaluation Edition Evaluation Edition Evaluation Edition										
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition										
UNIT 1 STRUCK A CEMENT MOUNTED YARD DECORATION WHEEL AND PULLED IT OUT OF THE Evaluation Edition Evaluation Edition Evaluation Edition APPEARANCE.alon Edition										
CROUND WITH ITS DEAD										
Evaluation Edition Evaluation Edition										
UNIT 1 RAN OVER TWO BUSHES CAUSING DAMAGE Evaluation Edition										
TO THE BRANCHES. Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition										
UNIT 1 CAME TO A STOP IN THE YARD.										
THERE ARE NO WITNESSES TO THE CRASH.										
DIAGRAM IS BASED ON APPEARANCE ONLY. Evaluation Edition Translet (977) 908-4777										
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY										
1,2262023 1,951 1,2262023 1,954 1,2262023 1,958 1,2262023 2,100 X POLICE AGENCY										
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTE		CHECKED BY OFFI	CER'S NAME*	屵	MOTORIST SUPPLEMENT					
3,0, 6,0, 1,2	0	0 CHECKED 7	BY OFFICER'S BADGE N	IUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					

51 - WALL

52 - BUILDING

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

Ì

53 - TUNNEL

45 - EMBANKMENT

49 - FIRE HYDRANT

46 - FENCE

48 - TREE

47 - MAILBOX

26 - BRIDGE OVERHEAD

27 - BRIDGE PIER OR ABUTMENT

J FIRST HARMFUL EVENT

STRUCTURE

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

29 - BRIDGE RAIL

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

34 - MEDIAN GUARDRAII

35 - MEDIAN CONCRETE

2

BARRIER

39-LIGHT/LUMINARIES

SUPPORT

40 - UTILITY POLE

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

1 - STATED / ESTIMATED SPEED

☐ 2 - CALCULATED / EDR

3 - UNDETERMINED

	OHIO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						2 0	2	3	- O			_	1 4	3			
	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE											
10RI	ADDRESS:	STREET, CITY, ST.	ATE, ZIP	TE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
NON-MO	NJURIES	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJUREDT	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-Compi HELM	LIANT	SEATING POSIT	TION A	IR BAG US	AGE	EJECTION	TRAPPED
TORIST	DL STATE	ATE OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			CRIPTION				(CITATION NUMBER					
Σ (L CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	AL		ECTED Rijuana	CONDITION	STATUS	TYPE		VALUE	STA		RUG YPE	TEST(S RESULT	SELECT UP TO 4
	UNIT #	NAME: LAST, F	FIRST, MIDDLE				HER DRUG					_ ● L	E OF BIRTH	<u> </u>	_		AGE	GENDER
OTORIST	ADDRESS:	DDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA C				A CODE		<u> </u>		
OM-NON	NJURIES	IES INJURED TAKEN INJURED TO INJU			AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	MENT DOT-COMP			PLIANT		IR BAG US	R BAG USAGE EJECTION TRAPPI		TRAPPED	
TORIST/	DL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAR	GED	LOCAL CODE	OFFENSE DESC	RIPTION	I			(CITATIO	N NU	IMBER	
ω <u>ν</u>	L CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER FRACTED	AL	_	ECTED RIJUANA	CONDITION	STATUS	TYPE		VALUE	STA		RUG YPE	TEST(S RESULT	SELECT UP TO 4
	UNIT #	NAME: LAST, F	FIRST, MIDDLE			<u> </u>	HER DRUG					_ • L DATI	E OF BIRTH		_		AGE	GENDER
OTORIST	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE							- INCLUDE ARE	A CODE		<u> </u>							
	NJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	D01	Г-Сомрі	LIANT	SEATING POSI	TION A	IR BAG US	AGE	EJECTION	TRAPPED
IST / NO	BY L		OFFENS	SE CHAR	HARGED LOCAL OFFENSE DES			CRIPTION					CITATION NUMBER					
MOTO	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	VER TRACTED		HOL / DRUG SUSPI	ECTED	CONDITION	STATUS	ALCO!		T EST VALUE	STA		RUG YPE	TEST(S	SELECT UP TO 4
L				BY		=	.COHOL MAI THER DRUG	RIJUANA			L	_ •□						
		RIES	SEATING POSITION		IR BAG		OL CLAS	S	OL RESTRIC			N. 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	ER DISTRA	CTIO			EST STA	TUS
	FATAL 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 INTRASTATI				DISTRACTED JUALLY OPERAT	TING AN			GIVEN REFUSED	
		MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOYE	ED SIDE		3 - CLASS C		3 - CORRECTIVE LE			ELE	CTRONIC COMM	MUNICAT				TAMINATED
	POSSIBLE IN		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE		D BOTH FRO	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER			DIAI	LING)				CIVEN RES	ULTS KNOWN
5 -	NO APPAREN	II INJURY	(MOTORCYCLE PASSENGER)	5 - NOT APP	NENT UNKNO	WN	5 - M/C MOPED ONLY		5 - EXCEPT CLASS A 6 - EXCEPT CLASS A		3		KING ON HANDS IMUNICATION D			-TEST	GIVEN, RES	
10000000		TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	, , , , , , , , , , , , , , , , , , , ,			6 - NO VALID OL		& CLASS B BUS				KING ON HAND-			UNKN	IOWN	
1-	NOT TRANSPO /TREATED AT		7 - THIRD – LEFT SIDE	EJ	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE				IMUNICATION D ER ACTIVITY W		Section in the second			ST TYPE
	EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJE	CTED		H - HAZMAT		RESTRICTIONS			ELE	CTRONIC DEVIC			- NONE - BLOOI		
	POLICE OTHER/UNK	'NIONA/NI	9 - THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MIT			SENGER ER DISTRACTIO	1N		- URINI		
7-	OTHER/ONK	INO WIN	10 - SLEEPER SECTION	4 - NOT APP			N - TANKER		10 - LIMITED TO DAY	LIGHT ONL	Υ	INSI	IDE THE VEHICL	.E		BREA		
10000000	NONE USED	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	T	RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMP		{		ER DISTRACTION VEHICLE	IN OUTS!	IDE 5	- OTHE	R	
		ELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA			R - THREE-WHEEL MC S - SCHOOL BUS	TORCYCLE	13 - MECHANICAL DE		(9 - OTH	ER / UNKNOWN				JG TEST	TYPE
	LAP BELT ON		PICK-UP WITH CAP)	2 - EXTRICA			T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAKI CONTROLS, OR O				CONDITIO	N		- NONE - BLOOI		
		LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED B	ICAL MEANS Y		X - TANKER / HAZMAT		ADAPTIVE DEVI	CES)			ARENTLY NORM			- URINI		
	FORWARD FA		13 - TRAILING UNIT		CHANICAL MI	EANS			14 - MILITARY VEHICLE				SICAL IMPAIRN ITIONAL (E.G., DE			- OTHE	R	
6-	CHILD RESTR	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES			ANGR	Y, DISTURBED)	L. NEODEL	D			SULT(S)
7 -	7 - BOOSTER SEAT 15 - NON-MOTORIST		15 - NON-MOTORIST					16 - OUTSIDE MIRF 17 - PROSTHETIC A						TED	1 - AMPHETAMINES 2 - RARRITURATES			
	0 112211121 0022		99 - OTHER / UNKNOWN					17 - PROSTHETIC A			D 5- FELL ASLEEP, FAINTEI FATIGUED, ETC.			i EU,	2 - BARBITURATES 3 - BENZODIAZEPINES			
9-	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							10 711121			6- UNDER THE INFLUENC OF MEDICATIONS / DRU				4 - CANNABINOIDS			
	10 - REFLECTIVE CLOTHING											/ALC	OHOL			COCA		ıc
	LIGHTING - P										9	- 01HE	ER / UNKNOWN			- OPIAT - OTHE	'ES / OPIOIC R	io
99 -	OTHER / UNK	NOWN															TIVE RESU	LTS

OHIO DEPARTMENT OF PUBLIC SAFETY Narrative Continuation	2 0 2 3 - 0 0 0 1 4 1 4 3