OHO DEPARTMENT OF PUBLIC SAVETY	RAFFIC C	RASH R	REPORT	*DENOTE	S MANDATORY FI	ELD FO	R SUPPI	EMENT RE	EPORT			LOCAL REF	ORT NUM	/BER*			
PHOTOS TAKEN OH-2 X 0H-3 LOCAL INFORMATION 1/9 0/1 0/4 0/0/0/5									53	() (
	OH-1P OTHER REPORTING AGENCY NAME*						*	HI	T/SKIP	NUMBER			NIT IN EF				
	☐ PRIVATE P	ROPERTY	Clearcre	ek Tu	op Police	_	I	083	16		- SOLVED - UNSOLVED	O	3	اری		ANIMAL UNKNOWN	
COUNTY* LOCALITY*			VILLAGE, TOWNSH							CR	ASH DATE /	TIME*			I SEVERI ATAL	TY	
3-1			reek 7		ship						42019		_		ERIOUS I		
	1 1 1 0	- SOUTH	OCATION ROAD	NAME				ROAD	TYPE	10270 Car. N	ATITUDE of				JSPECTE INOR IN.		
SKILAZ	4	- WEST									4911			SI	USPECTE	ED	
N A A		- NORTH - SOUTH - EAST	REFERENCE ROA	AD NAME (R	DAD, MILEPOST, H	OUSE #	ŧ)	ROAD	TYPE	Zacinistra:)NGITUDE 0	-2020	200			OSSIBLE Y DAMAGE	
5 R 123	4	-WEST							ш	-84.	251			10	NLY	PAMAGE	
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE 1 - NOR	TH IR - I	ROUTE TYP NTERSTATE RO		AL - ALLEY		IGHWAY	RD - ROA	AD.			INTERSEC					
2 - MILE POST 3 - HOUSE #	2 - SOU	TH US-F	EDERAL US RO	UTE	AV - AVENUE LA - LANE SQ - SQUAF				WITHIN INTERSECTION OR ON APPROACH								
	4 - WES	SR - S	TATE ROUTE		BL - BOULEVARD CR - CIRCLE		P-MILEPOST ST-STREET -OVAL TE-TERRACE			WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASUR 1 - MILE	E	IUMBERED COU IUMBERED TOW	X	CT - COURT		ARKWAY	TL - TRA		ROADWAY							
1 1 1 1 1	, 2 - FEE	TR	ROUTE	No.	DR - DRIVE HE - HEIGHTS	PI - P		WA - WAY	Υ	R	OADWAY DIV	/IDED					
LOCATION	OF FIRST HARM				MANNER OF CRAS	H COLL	ISION/IN	//PACT		DIRECTI	DN of TRAVE	L		EDIAN T	 YPF		
1 - ON ROADWAY		ROSSOVER	LLEY ACCESS		NOT COLLISION -	4 - REA 5 - BAC		AR			1 - NORTH		1 - DIVID	DED FLU		IAN	
3 - IN MEDIAN			ADE CROSSING	1,2	TWO MOTOR	5 - BACI 5 - ANG					2 - SOUTH 3 - EAST		(< 4 FEET) 2 - DIVIDED FLUSH MEDIAN				
4 - ON ROADSID 5 - ON GORE		SHARED USE FRAILS	PATHS OR	1				SAME DIRECT: OPPOSITE DIR		4-WEST				(≥4 FEET) DIVIDED, DEPRESSED MEDIAN			
6 - OUTSIDE TRA	ALLIO MAI	BIKE LANE FOLL BOOTH		1			ER/UNK							DED, RAI	, RAISED MEDIAN		
7 - ON RAMP 8 - OFF RAMP		THER / UNK	NOWN										9 - 0THE		OWN		
WORK ZONE RELAT	ED		WORK ZONE TY	PE	LOCATIO	N OF C	RASH IN	WORK ZOI	NE	CON	ITOUR	CON	IDITIONS		SUR	FACE	
WORKERS PRESEN	т		ANE CLOSURE ANE SHIFT/CROS	SSOVER	1		RETHE 1	ST WORK Z N	ONE		<u>Ľ</u>	Ĩ.	1			2	
LAW ENFORCEMEN		. 3-W	ORK ON SHOULD					NING AREA	Δ	1 - STRAI	GHT LEVEL	1 - DRY		1	- CONCRI	ETE	
			OR MEDIAN INTERMITTENT OR MOVING WORK 3 - TRANSITION AREA 4 - ACTIVITY AREA							GHT GRADE	2-WET 3-SNOW		2	- BLACK BITUM	TOP, INOUS,		
ACTIVE SCHOOL ZO	NE	5 - 01	OTHER 5 - TERMINATION AREA						3 - CURVE LEVEL								
1	ONDITION		WEATHER						9 - OTHEI	NUNKNOWN	5 - SAND, I OIL, GR			- SLAG, (GRAVEL,		
2 - DAWN/DUSK	1 - DAYLIGHT 2 - DAWN/DUSK				1 - CLEAR 6 - SNOW 2 - CLOUDY 7 - SEVERE CROSSWINDS					6 - WATER (STANDING, 5 - DIRT							
3 - DARK - LIGHT	FD	3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE					771 F			MOVIN 7 - SLUSH				/UNKNOWN			
5 - DARK - UNKN											/UNKNOWI	N					
9-OTHER/UNK							T T		\dashv	KIT	'	XII	T T	N			
NARRATIVE Traffi	c buit	<u>#</u>]	was t	Tavelin	4									1	direction		
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is DUS and	er mula	tiple s	SPATCH DATE	TIME	ADI	TIVAL F	ATE / TI	ME	41	SCENE	CLEARED	ATE / TIRE	44	DED	DRT TAKI	ENPV	
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TOTAL TIME	0 1 0 4 2 0 1 9 1 1 4 1 0 1 0 4 2 0 1 9 1 1 4 2 0 1 0 4 2 0 1 9 1 1 4 8 0 1 0 4 2 0 1 9 1 5 0 7 TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY OFFICER'S NAME* MOTORIST MOTORIST																
									1		SU	IPPLEME PRRECTION	ENT or ADDITION				
								_	BY OFFICER'S BADGE NUMBER* SUPPLEMENT (CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO COPE)								
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	-													1.4	/	OF 6	

OHIO DE	COMO DEPARTMENT MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
			214-14	.010	,IV19	•			1191	0,1,0,40	100	10,5,3			
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDI						
0,1	Lee Bryan Edward							05101971 47 1							
	North Main St, Franklin, OH, 45005 INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)								9 3 7 5 4 0 5 8 5 0						
112	North	Main St, Frai	nklin,	OH	,4	5005	T1 / T1/		1.3						
INJURIES	TAKEN 9	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FAC	ILIIY (NAME, CITY	USED 9 9	DOT-CO	SEATING POSITIO	N AIR BAG U	SAGE EJECTION	TRAPPED		
OL STATE		ICENSE NUMBER		OFFEN	ISE CHAI	RCED	LOCAL				CITATIO	ON NUMBER			
	RU21				511.		CODE	ACDA				7584			
	ENDORSEMENT		UPTO3 DRI	VER		OHOL / DRUG !	SUSPECTED	CONDITION	ALC	OHOL TEST		RUG TEST(S)		
	SELECT UPTO 2		BY	TRACTED		LCOHOL [9	STATUS TY	/PE VALUE	STATUS	TYPE RESUL	SELECT UP TO 4		
4	L/L		ع بـــــ	7	0	THER DRUG		1		<u></u>			ا_الـالــا		
UNIT #	NAME: LAST,	,								DATE OF BIRTH		AGE	GENDER		
0,2	Mone	14, Call Jan	cob						1,23,1,2001 17 M						
-										PHONE - INCLUDE AREA O					
266	Portl	and Blud, Leb EMS AGENCY (NAME)	unon,	OH	450	036		T	1511	131516					
INJURIES 3	TAKEN 7	ems agency (NAME) Clearcreek E/	he	A+			LLITY (NAME, CITY	USED //	DOT-CO	MPLIANT	AIR BAG U	AIR BAG USAGE EJECTION TRAPPED			
		ICENSE NUMBER	15		CIKM ISE CHAI		LOCAL	OFFENSE DESC		-mil I	CITATIO	IN NUMBER			
OH				JULIEN	JE GUAL	GED	CODE	UFFENSE DESC	KIL IION		CITATIO	ON NUMBER			
0	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRIV	VER	ΔΙΓ)HOL / DRUG S	USPECTED	CONDITION	ALC	OHOL TEST	- T	RUG TEST(S			
77	SELECT UP TO 2	1120110110110110110110110110110110110110		TRACTED		COHOL		1	STATUS TY	PE VALUE			SELECT UP TO 4		
4				1_	0	THER DRUG									
UNIT#	NAME: LAST, I	FIRST, MIDDLE						***************************************		DATE OF BIRTH		AGE	GENDER		
03	Dabo, Kofi ADDRESS: STREET, CITY, STATE, ZIP								0,2,0,5,1,9,5			8 60 M			
100									CONTACT PHONE - INCLUDE AREA CODE				1		
201	Miller	RJ Apt 24,	Leban	ion,	OH,	45036	>		51	131218	121	7,6,	1,6		
				Ι.			LITY (NAME, CITY	SAFETY EQUIPMENT	DOT-Cor	SEATING POSITIO	N AIR BAG U	SAGE EJECTION	TRAPPED		
		Clearcreck EX	15	A				4	MC HEL	MET /					
		ICENSE NUMBER		OFFEN	SE CHAF	GED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATIO	N NUMBER			
	NC113		1							01101 TEST		0110 7507/0			
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		RACTED		COHOL ORUG S		CONDITION	STATUS TY	PE VALUE		RUG TEST (S			
Ч	()	3		1		HER DRUG		le La	1 / 10	/	1		ا حالےا		
INJU	RIES	SEATING POSITION	А	IR BAG	- 8	OL C	LASS	OL RESTRIC	TION(S)	DRIVER DISTRACT	TION	TEST STA	- 0		
1 - FATAL 2 - SUSPECTED S	EFRIOUS IN HIRV	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYE			1- CLASS A 2- CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		1 - NOT DISTRACTED 2 - MANUALLY OPERATING		- NONE GIVEN			
3 - SUSPECTED N		2 - FRONT - MIDDLE	3 - DEPLOYE			3 - CLASS C		3 - CORRECTIVE LE		ELECTRONIC COMMUN	ICATION 3	- TEST REFUSED - Test given, con	ITAMINATED		
4 - POSSIBLE INJ		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE	4 - DEPLOYE		ONT / SIDE	4 - REGULAR CI (OHIO = D)	.ASS	4 - FARM WAIVER		DEVICE (TEXTING, TYP DIALING)		SAMPLE / UNUSA -TEST GIVEN, RES			
5 - NO APPARENT	INJURY	(MOTORCYCLE PASSENGER)	5 - NOT APPI 9 - DEPLOYN		OWN	5-M/C MOPED	ONLY	5 - EXCEPT CLASS		3 - TALKING ON HANDS-FF COMMUNICATION DEVI	(EE	-TEST GIVEN, RES			
INJUREDT		5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND-HEL		UNKNOWN			
1-NOT TRANSPO /TREATED AT		7 - THIRD - LEFT SIDE	EJ	ECTION		OL ENDO	RSEMENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	AN	ALCOHOL TES	STTYPE		
2-EMS 3-POLICE		(MOTORCYCLE SIDE CAR) 8-THIRD – MIDDLE	1 - NOT EJEC			H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE 6 - PASSENGER		- NONE - BLOOD			
9-OTHER/UNKN	IOWN	9 - THIRD – RIGHT SIDE	2 - PARTIALI 3 - TOTALLY			M - MOTORCYCI P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	WITT.	7 - OTHER DISTRACTION	3	- URINE			
SAFETY EQ	IIIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPL	ICABLE		N-TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICLE 8 - OTHER DISTRACTION OF		- BREATH - OTHER			
1 - NONE USED	CH WENT	11 - PASSENGER IN OTHER	TR	RAPPED		Q - MOTOR SCOO	TER EL MOTORCYCLE	11 - LIMITED TO EMI 12 - LIMITED - OTHE		THE VEHICLE	010100		****		
2 - SHOULDER BE		ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRAF	PED		S - SCHOOL BUS		13 - MECHANICAL D	EVICES	9 - OTHER / UNKNOWN	1	DRUG TEST	TYPE		
3 - LAP BELT ONL 4 - SHOULDER & I		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICAT MECHANI	TED BY ICAL MEANS	s		RIPLETRAILERS	(SPECIAL BRAK CONTROLS, OR O	THER	CONDITION	1 10	BLOOD			
5 - CHILD RESTRA	AINT SYSTEM -	CARGO AREA	3 - FREED BY		FANS	X - TANKER / H/	AZMAT	ADAPTIVE DEVI		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMEN		URINE			
FORWARD FACING 6 - CHILD RESTRAINT SYSTEM -		14 - RIDING ON VEHICLE EXTERIOR		HANICAL MEANS			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		T 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER				
REAR FACING		(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRRO	R	ANGRY, DISTURBED) 4- ILLNESS	-	RUG TEST RE AMPHETAMINES			
7 - BOOSTER SEA 8 - HELMET USEI		99 - OTHER / UNKNOWN						17 - PROSTHETIC ALI)	5 - FELL ASLEEP, FAINTED		BARBITURATES			
9 - PROTECTIVE F	PADS USED							18 - OTHER		FATIGUED, ETC. 6 - UNDER THE INFLUENCE	4	BENZODIAZEPINI	ES		
(ELBOW, KNEE 10 - REFLECTIVE (OF MEDICATIONS / DRU / ALCOHOL	GS	- CANNABINOIDS - COCAINE			
11 - LIGHTING - PE	DESTRIAN									9- OTHER / UNKNOWN	6	OPIATES / OPIOIO	S		
/ BICYCLE ONL 99 - OTHER / UNKN												OTHER NEGATIVE RESUL	TS		
HSY8306 OH1M		101									0				
	, , , , , , , , , , , , , , , , , ,	~J										PAGE 5	UP 🍮		

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER								
w-		OUDI AITT /	W W I I I I I I	33 PADDENDON	•		1,9,0,1	10,40	000	0,5,3	1 1 1				
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER				
لـــــا يع							1_1_1_1_1	1 1 1							
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
099								TT		1_1_	ر کار				
INJURIES	INJURED TAKEN	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACIL	.ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED				
	BY L						☐ MC HELMET	اــــا	L						
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER				
	1														
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE						
25						1 1 1	1 1								
INJURIES	INJURIES INJURED EMS AGENCY (NAME) TAKEN			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED				
السيا	BY						MC HELMET			سال					
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	AGE	GENDER						
ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
<u> </u>	T					I									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIK BAG USAG	E EJECTION	IKAPPED				
	<u> </u>														
UNIT #	NAME: LAS	NAME: LAST, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER				
4000500															
ADDRESS	S: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
8	TNUDER	CMC A (UMA)	INJURED TAKEN TO: MEDICAL FACIL		SAFETY EQUIPMENT	L_1_1_	SEATING POSITION	ATD DAC HEAC	E EIECTION	TRADDED					
INJURIES	INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MI DY				LIT (NAME, CITY)	USED	DOT-COMPLIANT	SEATING POSITION	AIR BAU USAU	E ENECTION	IKAPPED				
		JRIES	SAFET	Y EQUIPMENT USED	1	SEATING POS		No.	AIR BAG	ISAGE					
1 - FATA		ALES	1 - NONE US			T – LEFT SIDE		1 - NOT DE		, , , , , , , , , , , , , , , , , , ,					
		RIOUS INJURY		OCCUPANT		ORCYCLE DRIV									
3 - SUSI	PECTED MI	NOR INJURY	2 - SHOULD	ER BELT ONLY USED		T – MIDDLE T – RIGHT SIDE	3 - DEPLOYED SIDE								
4 - POSS	SIBLE INJU	RY		T ONLY USED	4 - SECO	ND – LEFT SIDE	E	4 - DEPLO							
5 - NO A	5 - NO APPARENT INJURY 4 - SHOULDER & LAP BELT USED (MOTORCYCLE PASSI					ENGER) FRONT/SIDE 5 - NOT APPLICABLE									
	5 - CHILD RESTRAINT SYSTEM – 5 - SECOND – MIDDLE INJURED TAKEN BY FORWARD FACING 6 - SECOND – RIGHT S														
2 1101 11111101 011125				ESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE CING (MOTORCYCLE SIDE			CAD	, 52.20							
/TREATED AT SCENE REAR FA				O TUIDO MIDDIE			CAR)	1 NOT EL	EJECT	LUN					
2 - EMS 7 - BOOSTER 3 - POLICE 8 - HELMET						D – RIGHT SIDE	2. DADTIALIVE II			TED.					
				TIVE PADS USED		PER SECTION (ENGER IN OTHI		3 - TOTALI							
			(ELBOW,	KNEES, ETC.)	CARG	O AREA (NON-TE	RAILING UNIT, 4 - NOT APPLICABLE								
				TIVE CLOTHING		ICK-UP WITH CAP ENGER IN UNE									
	11 - LIGHTING - PEDESTRIAN CARGO AREA / BICYCLE ONLY						1 - NOT TRAPPED								
			99 - OTHER /	UNKNOWN		LING UNIT IG ON VEHICLE	2 - EXTRICATED BY MECHANICAL								
					(NON-	TRAILING UNIT)	EXTERIOR	MEANS		COLLANIO	A.1				
8						MOTORIST R/UNKNOWN		3 - FREED MEANS		ECHANIC.	AL				
NAMELIAS	ST, FIRST, MIDD	I F			77 - UINE	N / UNIXIOUVIN	DAT	E OF BIRTH	-	AGE	GENDER				
6005							0823		<u>, , , , , , , , , , , , , , , , , , , </u>	6 4	M				
ADDRESS:	Beckwith, Dillon C ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
917	9172 Great Lakes Cir, Centerville, OH, 15458							93720,40323							
NAME: LAS	ST, FIRST, MIDD	LE		1				E OF BIRTH		AGE	GENDER				
	Goiby, Deanna M							06291983 35 F							
₹	ADDRESS: STREET, CITY, STATE, ZIP 1582 Haworth CT, Lebanon, OH, 45036							CONTACT PHONE - INCLUDE AREA CODE							
1582	2 Havi		-ebanon	, OH, 4503	6		9 3 7 6 0 7 6 2 1 8								
				100			DATE OF BIRTH AGE GENDER								
1965	ST, FIRST, MIDD	LE		(A)			DAT	E OF BIRTH		AGE					
1965								S 10 10 11	DE	AGE					
NESS	ST, FIRST, MIDDI						CONTACT PHONE	S 10 10 11	DE I	AGE					