OF PUBLIC BAPTITY TRAFFIC CRASH	LOCAL REPORT NUMBER*									
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION Deer Strike REPORTING AGENCY NAME	23-000006								
SECONDARY CRASH PRIVATE PROPERT	HIT/SKIP 1 - SOLVED 2 - UNSOLVED 1 - SOLVED 1 - SO									
COUNTY* LOCALITY* LOCATION:	CRASH DATE / TIME * CRASH SEVERITY 03302023 2039 5 1- FATAL									
J-10WNSHIT	LATITUDE DE		SERIOUS INJURY SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1- NUMBER 2 - SOUTH 3 - EAST 4-WEST	39 631	.055	MINOR INJURY SUSPECTED							
ROUTETYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		OAD, MILEPOST, HOUSE #)	ROAD TYPI	-84, 110)575 5-	INJURY POSSIBLE PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD T			INTERSECTION RELATED					
3 1-INTERSECTION 1-NORTH 1. NORTH 2-SOUTH 1	S - FEDERAL US ROUTE	AL - ALLEY HW - HIG AV - AVENUE LA - LAN		WITHIN INTE	RSECTION OR ON APPROAC	:н , 3 ,				
	R - STATE ROUTE	BL - BOULEVARD MP - MIL CR - CIRCLE OV - OVA				BER OF APPROACHES				
FROM REFERENCE UNIT OF MEASURE 1 - MILES T	R - NUMBERED COUNTY ROUTE R - NUMBERED TOWNSHIP	CT - COURT PK - PAR		ROADWAY						
2-FEET ROUTE DR - DRIVE PI - PIKE WA - WAY 1										
3- IN MEDIAN 11-RAILWA	ER AY/ALLEY ACCESS (GRADE CROSSING USE PATHS OR NE OTH	REAR-END 8 - SIDES	ro-rear Ng	1 - NORTH 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FI (<4 FEET 2 - DIVIDED FI (≥4 FEET) 3 - DIVIDED, D	LUSH MEDIAN) LUSH MEDIAN) EPRESSED MEDIAN AISED MEDIAN)				
WORK ZONE RELATED	WORK ZONE TYPE 1 - LANE CLOSURE		ASH IN WORK ZONE THE 1ST WORK ZONE	CONTOUR	CONDITIONS	surface 2				
WORKERS PRESENT	2 - LANE SHIFT/CROSSOVER	WARNI		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE				
LAW ENFORCEMENT PRESENT	3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING W	└── 3-TRANSI	TION AREA	2 - STRAIGHT GRADE	2 - BLACKTOP, BITUMINOUS,					
m	5-OTHER	·	ATION AREA	3 - CURVE LEVEL 4 - CURVE GRADE	ASPHALT					
LIGHT CONDITION		ATHER		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAG, GRAVEL						
4 1- DAYLIGHT 2- DAWN/DUSK	1 - CLEAR 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSW			6 - WATER (STANDING, MOVING) 5 - DIRT					
3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN		R FREEZING DRIZZLI	REEZING DRIZZLE 7 - SLUSH						
5 - DARK UNKNOWN ROADWAY LIGHTII 9 - OTHER / UNKNOWN	NG 5 - SLEET, HAIL	99 - OTHER / UNKNO	N N		9 - OTHER/UNKNOWN					
NARRATIVE		-	a			Indicate the north				
Unit 1 was traveling NB on Wilmington roadway at 7376 Wilmingtion Dayton R		deer in the	Dough		And And	an "N" on the compass diagram.				
BWC - On										
5110 011		-	Jangara							
			300							
		-	ali		Moss Oak	reil				
		-	-3		10.00					
			1	22	-Point of					
					Impact					
				LI	NOT	TO SCALE				
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DA		SCENE CLEARED	DATE / TIME RE	EPORT TAKEN BY				
	3,02,023 , 203,9	0330202		03302023	'	POLICE AGENCY MOTORIST				
	tal officer's name* ^{utes} Waller, Travis		CHECKED BY OF	TICER'S NAME	etter 1	SUPPLEMENT (CORRECTION OR ADDITION				
3.0 0	43 OFFICER'S	S BADGE NUMBER*	9 Снеске	BY OF THER'S BADGE	NUMBER*	TO AN EXISTING REPORT SENT TO BOPS)				
HSY7001 OH1 1/19 [760-0820]		1 2				PAGE 1 OF 4				

FIRST HARMFUL EVENT

CONTRACT MOTORIST / NON-MOTORIST							23-000006							
UNIT * NAME: LAST, FIRST, MIDDLE SHARP, BRANDON J								DATE OF BIRTH AGE GENDI 02251987 36 M						
2	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
	1953 HARLAN RD WAYNESVILLE OH 45068 8761									1 1	1 1			
INJURIES INJURED EMS AGENCY (NAME) TAKEN 1 BY 1				INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 04			DOT-COMPLIANT MC HELMET	O 1	AIR BAG USAGE	EJECTION 1	TRAPPED 1		
OL STATE OPERATOR LICENSE NUMBER				OFFEN	OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION	CITATION NUMBER				
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL STATUS TYPE			G TEST(S)			
BY LINE BY			1 ALCOHOL MARIJUANA			_ 1	1 1	VALUE	TATUS TYPE	II II	SELECT UP TO 4			
UNIT #	NAME: LAST	r, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
OTOR	CURIALI PRUME - INCLUDE AREA CODE													
ADDRESS:	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPM USED				T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRA				TRAPPED	
OL STATE	OPERATOR	LICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMEN SELECT UP TO 2						CONDITION	ALCOHOL			TEST(S)			
			BY	ALCOHOL MARIJUANA OTHER DRUG			1	STATUS TYPE	VALUE S	TATUS TYPE	RESULT	SELECT UP TO 4		
UNIT#	NAME: LAST	, FIRST, MIDDLE						DATE OF B				AGE	GENDER	
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT PUONE					
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODI										DE I				
ADDRESS: STREET, CITY, STATE, ZIP INJURIES INJURED TAKEN BY L				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED USED			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OL STATE OPERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	E DESCRIPTION			JMBER		
OL CLASS	OF OFFICE AND			VER ALCOHOL / DRUG SUSPEIRACTED ALCOHOL MARK		ECTED RIJUANA	CONDITION	ALGOHOL STATUS TYPE		ORUG TATUS TYPE	RESULT	SELECT UPTO 4		
<u></u>					=	THER DRUG		i .				11 11		
INJU	RIES	SEATING POSITION		IR BAG		OL CLAS		OL RESTRIC	TION(S) DRIV	ER DISTRACTI	ON T	EST STAT		
			2 - DEPLOYE					1 - ALCOHOL INTERL 2 - COL INTRASTATE	IOL INTERLOCK DEVICE 1 - NOT DISTRACTED 1 - NONE GIVEN VERASTATE ONLY 2 - MANUALLY OPERATING AN 2 - TEST REFUSED					
3 - SUSPECTED MINOR INJURY 2 - FRONT - MIDDLE 4 - POSSIBLE INJURY 3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE 3 - CLASS C					3 - CORRECTIVE LEA	ri r	ATION 3-TEST	3 - TEST GIVEN, CONTAMINATED Sample / Unusable				
5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE		4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS 5 - NOT APPLICABLE (OHIO = D)			4 - FARM WAIVER DIALING) 5 - EXCEPT CLASS A BUS 3 - TALKING ON HANDS-FF			A TEST CIVEN DESILITE MANUAL						
(MOTORCYCLE PASSENGER) INJURED TAKEN BY 5-SECOND - MIDDLE		9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY 6 - NO VALID OL			6 - EXCEPT CLASS A & CLASS B BUS	COM	COMMUNICATION DEVICE 5 - TEST GIVEN, RES 4 - TALKING ON HAND-HELD UNKNOWN			LTS				
1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE /TREATED AT SCENE 7 - THIRD - LEFT SIDE		EJECTION OL ENDORSEMENT				7 - EXCEPT TRACTOR	-TRAILER COM	TRAILER COMMUNICATION DEVICE			ALCOHOL TEST TYPE			
2 - EMS (MOTORCYCLE SIDE CAR)		1-NOT EJECTED H-HAZMAT				MENI	8 - INTERMEDIATE L RESTRICTIONS	ICENSE 5-OTH	1 - NONE	1 - NONE				
3 - POLICE 8 - THIRD - MIDDLE 9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE			2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED			M - MOTORCYCLE 9 - LEARNER'S PER RESTRICTIONS					2 - BLOOD 3 - URINE			
10 - SLEEPER SECTION		3 - TOTALLY EJECTED P - PASSENG 4 - NOT APPLICABLE N - TANKER					10 - LIMITED TO DAYL	LIGHT ONLY INSIDETHE VEHICLE 4-BREA			TH			
1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		Q - MOTOR SCOOTER TRAPPED R - THREE-WHEEL MOTORCYCLE			11 - LIMITED TO EMP	THE	THE VEHICLE							
		1 - NOTTRAPPED S - SCHOOL BUS				ONDIGEE	13 - MECHANICAL DE	TCES 9 - OTHER / UNKNOWN			DRUG TEST TYPE			
4 - SHOULDER & LAP BELT USED 12 - PASSENG		12 - PASSENGER IN UNENCLOSED	2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		CONTROLS, OR OT ADAPTIVE DEVIC	HER CONDITION		-	2 - BL00D			
5 - CHILD RESTRAINT SYSTEM -		CARGO AREA 13 - Trailing Unit	3 - FREED BY Non-Mechanical Means		X-TANKER/HAZMAT		14 - MILITARY VEHICE	LES ONLY 2 - PHYSICAL IMPAIRMENT			3 - URINE 4 - OTHER			
6 - CHILD RESTRAINT SYSTEM - 14		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			GENDER 15- F-FEMALE		15 - MOTOR VEHICLES AIR BRAKES			ED,				
REAR FACING 7 - BOOSTER SEAT		15 - NON-MOTORIST	- NON-MOTORIST			M - MALE 16 - OUTSIDE N			4- ILLNI	1 - AMPHETAMINES				
8 - HELMET USED 9 - PROTECTIVE PADS USED		99 - OTHER / UNKNOWN	THER / UNKNOWN			U - OTHER / UNKNOWN 17 - PROSTHETIC / 18 - OTHER			5 - FELL Fatig		2 - BARBITURATES 3 - BENZODIAZEPINES			
(ELBOW, KNEE	ES, ETC.)								6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS		4 - CANN	4 - CANNABINOIDS		
10 - REFLECTIVE CLOTHING 11 - Lighting – Pedestrian							/ALCOHOL 9- Other/Unknown				5 - COCAINE 6 - OPIATES / OPIOIDS			
/ BICYCLE ON 99 - OTHER / UNKN											7 - OTHE	R		
HSY8306 OH1M		001		_							8 - NEGA	TIVE RESULT	S	

UCCUPANT / WITNESS ADDENDUM						23-000006								
	UNIT # NAME: LAST, FIRST, MIDDLE SHARP, EMILY LAUREN							05071	e of Birth		AGE 37	GENDER F		
•	ADDRESS: STREET, CITY, STATE, ZIP 1953 HARLAN RD WAYNESVILLE OH 45068 8761							CONTACT PHONE - INCLUDE AREA CODE						
_	NJURIES	INJURED TAKEN 1						DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED 1		
ľ	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE			AGE	GENDER		
CCUPANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
-	NJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)				SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION MC HELMET			EJECTION	TRAPPED		
Ì	UNIT#	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER						
CCUPANT	ADDRESS:	RESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
	NJURIES	IES INJURED EMS AGENCY (NAME) TAKEN BY					SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
j	UNIT#	NAME: LAS	E: LAST, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER		
CCUPANT	ADDRESS:	SS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
□ =	NJURIES	INJURED TAKEN BY	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		INJU	RIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION	E 178	AIR BAG U	SAGE	THE R.		
1	1 - FATA	\L		1 - NONE US			T – LEFT SIDE		1 - NOT DE	PLOYED				
П	2 - SUSF	PECTED SE	RIOUS INJURY		OCCUPANT		DRCYCLE DRIV	ER) 2 - DEPLOYED FRONT						
3 - SUSPECTED MINUK INJURY			ER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDI			3 - DEPLOYED SIDE								
4 - POSSIBLE INJURY 3 - LAP BELT 0			4 - SECOND - LEFT SID			4 - DEPLOYED BOTH								
5 - NU APPARENT INJURY 5 - CHILD R			R & LAP BELT USED (MOTORCYCLE PASS STRAINT SYSTEM – 5 - SECOND – MIDDLE D FACING 6 - SECOND – RIGHT SIG			5 - NOT APPLICABLE								
			STRAINT SYSTEM -	7 - THIRI	D – LEFT SIDE DRCYCLE SIDE		9- DEPLOYMENT UNKNOWN EJECTION							
			7 - BOOSTER	SEAT		- MIDDLE	1 - NOT EJECTED							
3 - POLICE 8 - HELMET			USED		- RIGHT SIDE	E OF TRUCK CAB 2 - PARTIALLY EJ								
			IVE PADS USED	11 - PASSI	ENGER IN OTH	ER ENCLOSED 3 - TOTALLY EJECTED								
GENDER			KNEES, ETC.)	E CLOTHING CARGO AREA (NON-TI BUS, PICK-UP WITH CAI										
F-FEMALE			- PEDESTRIAN	FSTRIAN 12 - PASSENGER IN UNE			NCLOSED TRAPPED							
M - MALE / BICYCL U - OTHER / UNKNOWN			13 - TRAILING UNIT			1 - NOTTRAPPED								
	99 - OTHER / I			INKNOWN		G ON VEHICLE TRAILING UNIT) MOTORIST	EXTERIOR	R 2 - EXTRICATED BY MECHANICA MEANS 3 - FREED BY NON-MECHANICAL MEANS						
-	NAME: LAS	it, first, middi	.E	L. Henry		99 - OTHE	R / UNKNOWN	DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE	1			
	NAME: LAS	IT, FIRST, MIDDI	.E					DAT	E OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
9	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER							
VITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
								1 1						