OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MAN LOCAL INFORMATION	DATORY FIELD FOR SUPPL	EMENT REPORT	2023-	LOCAL REPORT NUME			
PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER								
SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME* Heath PD	NCIC*	7 1-SOLVED 0 2 0 1 98					
COUNTY* LOCALITY* LOCATION: CIT	2 - UNSOLVED 99 - UNKNOWN CRASH DATE / TIME* CRASH SEVERITY							
4 5 1 2 - VILLAGE HEATH	0,2182023, 1225, 5 1- FATAL 2- SERIOUS INJURY							
T NODELL	LATITUDE DECIMAL DEGREES SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORITH 2 - SORITH 3 - EAST 4 - WEST	HEBRON		RD	4,0,030	1 6 6	3 - MINOR INJURY SUSPECTED		
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, M	ILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE		
3 - EAST # 4 - WEST	789		LLL	- 8 4 4	0 0 4	5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL - A	ROAD TYPE ALLEY HW - HIGHWAY	RD - ROAD	l —	INTERSECTION RELA	5000-000-001.		
3 2-MILE POST 3 2-SOUTH US		AVENUE LA - LANE	SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPI	ROACH		
4-WEST SR-	CR - (BOULEVARD MP-MILEPOST CIRCLE OV-OVAL	ST - STREET TE - TERRACE	WITHIN INTE	RCHANGE AREA N	UMBER OF APPROACHES		
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT - (COURT PK - PARKWAY DRIVE PI - PIKE	TL - TRAIL		ROADWAY			
9 5 2 2-FEET 3-YARDS	WA - WAY	ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVEN	T MANNE	ER OF CRASH COLLISION/IN	1PACT	DIRECTION OF TRAVE	IL MEI	DIAN TYPE		
1 - ON ROADWAY 9 - CROSSOVER 1 - ON SHOULDER 10 - DRIVEWAY	DETWI	OLLISION 4-REAR-TO-REA EEN 5-BACKING	AR.	1 - NORTH	1 - DIVIDE (< 4 FE	D FLUSH MEDIAN		
3 - IN MEDIAN 11 - RAILWAY G	RADE CROSSING VEHIC	NOTOR LESIN 6-ANGLE		2 - SOUTH 3 - EAST	I C T	D FLUSH MEDIAN		
4 - ON ROADSIDE 12-SHARED U: 5 - ON GORE TRAILS	2 - REAR-I	detributed in School Attachment force.	SAME DIRECTION OPPOSITE DIRECTION	4 - WEST	10 700 20 40 10	D, DEPRESSED MEDIAN		
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 7 - ON RAMP 14-TOLL BOOT	J. HEAD	ON 9-OTHER/UNK	NOWN		4 - DIVIDE (ANY T	D, RAISED MEDIAN YPE)		
8-OFF RAMP 99-OTHER/UN	IKNOWN				9 - OTHER	/UNKNOWN		
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN		CONTOUR	CONDITIONS	SURFACE		
T WARKERS BREAKHT	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1 WARNING SIG	N	1	1	2		
LAW ENFORCEMENT PRESENT L 3-	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WAR 3 - TRANSITION A		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,		
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY ARE 5 - TERMINATION		3 CURVELEVEL 3 SNOW BITU				
	T		4 - CURVE GRADE 4 - ICE 3 - BR					
LIGHT CONDITION 1 - Daylight	1 - CLEAR	t 6 - SNOW	9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL STO					
1 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY		7 - SEVERE CROSSWINDS	ROSSWINDS 6 - WATER SAND, SOIL, DIRT, SNOW MOVING			A VINISON		
4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FRE			7 - SLUSH	9 - OTHER/UNKNOWN		
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN			
NARRATIVE						Indicate the north		
Unit 1 was pulling out of 789	Hebron RD to head				1	direction with an "N" on the		
north on SR 79. Unit 2 was t	-	R 79.		ScenePD ™ - Evaluation Edition		compass diagram.		
Unit 1 failed to yield to Unit	2 and struck Unit 2.		Evaluation Edition	Evaluation Edition n Edition	N I			
		Evaluation Editio	`	Faluation	Evaluation Edition	Edition		
		Evaluation Editio	Evaluation Edition	Evaluation Edition	/			
		F		Unit 1 Evaluation	Evaluation Edition	Edition		
		Evaluation Editio	Evaluation Edition Evaluation	n Editor	Evaluation	Edition		
			Evaluatio	Evaluation Edition	Evaluation Edition			
		Evaluation Editio	Evaluation Edition		Evaluation	Edition		
			Evaluation Edition	Evaluation Edition n Edition	SR 79			
		Evaluation Editio	,	. / /	Evaluation Edition	Edition		
		Evaluation Editio	Evaluation Evaluation Edition		To Scale			
		<u> </u>		Trancite (877) 908-4777				
South Control of State of Stat	DISPATCH DATE / TIME 8 2 0 2 3 1 2 2 6 0	ARRIVAL DATE / TI		SCENE CLEARED 2182023	I I	REPORT TAKEN BY POLICE AGENCY		
TOTAL TIME OTHER TOTAL		2102023	CHECKED BY OFF		, 1300	MOTORIST		
ROADWAY CLOSED INVESTIGATION TIME MINUT			Smart	OLN 3 NAME		SUPPLEMENT (CORRECTION OR ADDITION		
2 0 6 1	OFFICER'S BADG	TE NUMBER*	0 CHECKED 7	BY OFFICER'S BADGE	NUMBER* 3 8	TO AN EXISTING REPORT SENT TO ODPS)		
					1 - 1			

OHIO DE OF PUBI SAFETY - SEF	OHIO DEPARTMENT MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 0 1 9 1 9								
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GEND						
01	SHANER, MELISSA ROSE								1 0 / 1 7 / 1			2 7	F		
ADDRESS	S: STREET, CITY, STA	STREET, CITY, STATE, ZIP								HONE - INCLUDE AREA O	ODE				
64 LIN	DEN AVE N	IEWARK, OH 43055													
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		ПОТ-С омі	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
5	BY							USED 0 4	MC HELI		1	_1	_1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	'	CITATIO	ATION NUMBER			
ADDRESS ADDRES				331.2	2		X	331.22			N214629				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	RACTED		CONDITION	STATUS TYPE VALUE			RUG TEST(S YPE RESULT	T SELECT UP TO 4			
. 4			BY	1	=	LCOHOL MAF THER DRUG	RIJUANA	1	1 1		1 1	.			
UNIT #	NAME: LAST, F	IRST MIDDLE			υ,	THER DRUG				DATE OF BIRTH		AGE	GENDER		
0 2		R, ROBERTA M							0 6 /	1 0 / 1	9 5 2	7 .0	F		
	S: STREET, CITY, STA	·								HONE - INCLUDE AREA O					
₽		N RD SW HEBRON, C)H 4302	25											
O INJURIES	INJURED I	EMS AGENCY (NAME)			TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITIO	ON AIR BAG USAGE EJECTION TRAPPED				
2 5	TAKEN BY							USED 0 4	DOT-COM	1					
	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER				
OL STATE						CODE									
OL CLASS	ENDORSEMENT							CONDITION	ALCO STATUS TYP	HOLTEST PE VALUE	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
	BY			TRACTED ALCOHOL MARIJUANA			1		VALUE	STATUS TYPE RESULT SELECT UP TO 4					
4				1	<u></u> 0	THER DRUG			1 1		ئ اسٹ	<u> </u>	<u> </u>		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
4000500	J														
SI ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE									CODE					
INJURIES	INJURED	EMS AGENCY (NAME)		INJUDED:	FAIRENTO	: MEDICAL FACILITY	ALLES OF THE	CAFETY FAIITDMENT		SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
MON-MON INJURIES ADDRESS	TAKEN BY	EMS AGENCT (NAME)		INJUKED	IAKENTO	: WEDICAL FACILITY	(NAME, CITY)	USED	DOT-COM	PLIANT	AIR BAG US	AGE EJECTION	IKAPPED		
	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAF	GED LOCAL OFFENSE DESC		CRIPTION C		CITATIO	ITATION NUMBER				
OL STATE							CODE								
OL CLASS	S ENDORSEMENT RESTRICTION SELECT UP TO 3 DR					ECTED	CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO					
	SELECT UP TO 2		BY	TRACTED		LCOHOL MAF	RIJUANA		STATUS THE	VALUE	314103	TFE KESOE	SELECT OF TO 4		
				YD D40	<u></u> □ 0	THER DRUG	•		Troyer						
1 - FATAL	URIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	LOYED		OL CLASS 1-CLASS A	5	OL RESTRIC 1-ALCOHOL INTER	and the second second second	DRIVER DISTRACTED		TEST STA NONE GIVEN	1105		
	D SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERATIN ELECTRONIC COMMUN	HCATION	TEST REFUSED			
	3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE					3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	DEVICE (TEXTING, TYPING, DIALING)		DINIC 3-				
5 - NO APPARE		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPLICABLE (OHIO = D)				5 - EXCEPT CLASS	A BUS	3 - TALKING ON HANDS-FREE		4 - TEST GIVEN, RESULTS KNOWN				
INJURED	INJURED TAKEN BY 5-SECOND – MIDDLE 9-DEPLO							6 - EXCEPT CLASS & CLASS B BUS		COMMUNICATION DEV 4 - TALKING ON HAND-HE	UNKNOWN				
1 - NOT TRANS	1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE				7 - EXCEPT TRACT JECTION OL ENDORSEMENT 0 INTERMEDIATE				R-TRAILER	COMMUNICATION DEV	ICE A	ALCOHOL TEST TYPE			
2 - EMS	2 - EMS (MOTORCYCLE SIDE CAR) 1 - NOT E.			0 - INTERIW				8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	I - NONE				
3 - POLICE	O TUIDD DICUT CIDE			LLY EJECTED M - MOTORCYCLE			9 - LEARNER'S PERMIT RESTRICTIONS		6 - PASSENGER		2 - BLOOD 3 - URINE				
9 - OTHER / UN	10 CLEEPER CECTION		3 - TOTALLY 4 - NOT APP				10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREATH				
	SAFETY EQUIPMENT OF TRUCK CAB			Q - MOTOR SCOOTER 11 - LIMITED				ED TO EMPLOYMENT 8 - OTHER DISTRACTION (DUTSIDE 5 - OTHER				
	1 - NONE USED 2 - SHOULDER BELT ONLY USED 2 - SHOULDER BELT ONLY USED 4 - FASSENDER IN OHER 4 - FASSENDER IN OHER 5 - FASSENDER IN OHER 6 - FASSENDER IN O			DDED R-INKEE-WHEEL MOTORCIGEE				2 - LIMITED – OTHER 3 - MECHANICAL DEVICES 9 - OTHER / UNKNOWN		DRUG TEST TYPE					
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRI		2 - EXTRICA	ATED BY T - DOUBLE & TRIPLETRALLERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		1 - NONE 2 - BLOOD				
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNEI		D MECHANICAL MEANS 3 - FREED BY			X - TANKER / HAZMAT		ADAPTIVE DEVI	CES) 1 - APPARENTLY NORMAL		. 3-	3 - URINE			
FORWARD F	FORWARD FACING 13 - TRAILING UNIT			IECHANICAL MEANS			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER				
	- CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES		ANGRY, DISTURBED)		DRUG TEST RESULT(S)				
	7 - BOOSTER SEAT 15 - NON-MOTORIST								4- ILLNESS 5- FELL ASLEEP, FAINTED,		1 - AMPHETAMINES 2 - BARBITURATES				
8 - HELMET U		99 - OTHER / UNKNOWN					18 - OTHER FATI		FATIGUED, ETC.	FATIGUED, ETC. 3-		- BARBITURATES - BENZODIAZEPINES			
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)								6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS		4 - CANNABINOIDS				
	0 - REFLECTIVE CLOTHING									/ ALCOHOL 9- OTHER / UNKNOWN		5 - COCAINE 6 - OPIATES / OPIOIDS			
	LIGHTING - PEDESTRIAN / BICYCLE ONLY									7 - OTHER					
99 - OTHER / UN									8 -	NEGATIVE RESU	LTS				

Ũ	OHIO DEI OF PUBLI SAFETY - SERV	OF DEPARTMENT OF PUBLIC SAFETY OF CULPANT / WITNESS ADDENDUM						2023	- 0 0	ORT NUMBER	9 1	9		
	UNIT #	NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER		
	02	STIFFLER, STEPHEN E						0 8 / 1	7 / 1 9	5 2	7 0	M		
PAN	ADDRESS:	S: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
OCCUPAN		32 BEAVER RUN RD SW HEBRON, OH 43025							1 1	<u> </u>	<u> </u>	<u> </u>		
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE		TRAPPED		
4	UNIT #		T FIDET MIDDLE				0 4		E OF BIRTH		AGE	GENDER		
	UNII #	NAME: LAS	T, FIRST, MIDDLE					DAI	E UF BIKIN		AGE	GENDER		
N	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	∟ DE				
OCCUPAN									1 1	1 1	1 1	1 1		
ĕ	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BY						MC HELMET						
	UNIT #	NAME: LAS	T, FIRST, MIDDLE		DATE OF BIRTH AGE GENDE									
OCCUPAN	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
9	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN				SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	1	TAKEN BY				USED	MC HELMET	1 1 1			1			
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
PAN	ADDRESS:	DRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN									Lara and wasan					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS			AIR BAG U	SAGE			
	1 - FATA			1 - NONE US	ED -	1 - FRON	IT – LEFT SIDE		1 - NOT DE					
	2 - SUSI	PECTED SE	RIOUS INJURY		OCCUPANT (MOTORCYCLE DRI ER BELT ONLY USED 2 - FRONT – MIDDLE			(ER)	2 - DEPLO	YED FRONT				
	4 - POSSIBLE INJURY 3 - LAP BEL			T ONLY USED 3 - FRONT - RIGHT S				3 - DEPLOYED SIDE						
				ER & LAP BELT USED		ND – LEFT SID ORCYCLE PASS		4 - DEPLOYED BOTH FRONT/SIDE						
	5 - CHILD RI			ESTRAINT SYSTEM – D FACING	5 - NOT APPLICABLE DE 0 DEPLOYMENT UNIV									
				ESTRAINT SYSTEM –	9 - DEPLOYMENT UNKNOWN									
	/TREATED AT SCENE REAR FA				(CAR)		EJECTI	D N						
	2 - EMS 7 - B00STER 3 - POLICE 8 - HELMET				E 2 - PARTIALLY EJ			ECTED						
				TIVE PADS USED		PER SECTION	HER ENCLOSED 3 - TOTALLY EJEC							
					KNEES, ETC.)	CARG	O AREA (NON-T	RAILING UNIT,	4 - NOT APPLICABLE					
	11 - LIGHTIN / BICYCL			IG - PEDESTRIAN 12 - PASSENGER IN				TRAPPED						
				E ONLY	O AREA LING UNIT		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL							
				99 - OTHER /	UNKNOWN		NG ON VEHICLE TRAILING UNIT)	EXTERIOR	2 - EXTRIC		ECHANI	CAL		
							MOTORIST			BY NON-ME	CHANIC	AL		
						99 - OTHE	R / UNKNOWN	,	MEANS					
SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
≱									1 1	1 1				
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS, STREET SITY STATE 7ID						CONTACT PHONE - INCLUDE AREA CODE							
W	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT FRUNE - INCLUDE AREA CODE							
i	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
WITNESS														
ΗM	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
											<u> </u>			