| OF PUBLIC SAFETY TRAFFIC CRASH | REPORT *DENOTES MAIL LOCAL INFORMATION | NDATORY FIELD FOR SUPPLEM | ENT REPORT | 2023- | OCAL REPORT NUMBE | 2 9 2 0 | | | | | |
|--|--|--|------------------------------|---|--|--|--|--|--|--|--|
| PHOTOS TAKEN OH-2 NOH-3 OH-1P OTHER | | HIT/SKIP | | | | | | | | | |
| | REPORTING AGENCY NAME* Heath PD | 0 4 | NCIC* 1507 | 1 - SOLVED | NUMBER OF UNITS 0 4 | UNIT IN ERROR 98 - ANIMAL | | | | | |
| COUNTY* LOCALITY* LOCATION: CITY | | 2 - UNSOLVED 99 - UNKNOWN CRASH DATE / TIME * CRASH SEVERITY | | | | | | | | | |
| 4 5 1 - CITY 2 - VILLAGE HEATH | | 03162023 1122 4 1-FATAL | | | | | | | | | |
| T NORTH | LATITUDE DECIMAL DEGREES 2 - SERIOUS INJURY SUSPECTED | | | | | | | | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | HEBRON | | R D | 40,038822 | | | | | | | |
| | REFERENCE ROAD NAME (ROAD, I | MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE D | 4 - INJURY POSSIBLE | | | | | | |
| × 1 2002 | PARKVIEW | | D R | -82,428860 5- PROPERTY DA | | | | | | | |
| REFERENCE POINT DIRECTION SOON DETERMINE | ROUTE TYPE | ROAD TYPE | | | INTERSECTION RELAT | | | | | | |
| 2 MUEDOCT - THORTH | | | D - ROAD Q - SQUARE | WITHIN INTE | RSECTION OR ON APPRO | _ | | | | | |
| 3- HOUSE # 3- EAST | TEDERAL OF ROOTE | | T - STREET | WITHIN INTE | RCHANGE AREA NU | MBER OF APPROACHES | | | | | |
| | NUMBERED COUNTY ROUTE CR - | | E - TERRACE L - TRAIL | entre commercial | ROADWAY | | | | | | |
| | NUMBERED TOWNSHIP DR . | - DRIVE PI - PIKE V | VA - WAY | ROADWAY DIV | /IDED | | | | | | |
| 3-YARDS | | - HEIGHTS PL - PLACE | | | 1 | | | | | | |
| LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER | | VER OF CRASH COLLISION/IMPA COLLISION 4-REAR-TO-REAR | СТ | DIRECTION OF TRAVE 1 - NORTH | All | AN TYPE FLUSH MEDIAN | | | | | |
| 0 1 2 - ON SHOULDER 10-DRIVEWAY/ 3 - IN MEDIAN 11-RAILWAY G | TWO | VEEN 5-BACKING MOTOR ANGLE | | 2 - SOUTH | (< 4 FEE | IT) | | | | | |
| 4 - ON ROADSIDE 12-SHARED US | The state of the s | CLES IN 6 - ANGLE ISPORT 7 - SIDESWIPE, SAMI | | 3 - EAST 4 - WEST | (≥4 FEE | (CALCA) | | | | | |
| 5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE | 2 - REAR 3 - HEAD | * | | | 4 - DIVIDED | , DEPRESSED MEDIAN , RAISED MEDIAN | | | | | |
| 7 - ON RAMP 14-TOLL BOOTI | 4 | | | | (ANY TY 9 - OTHER/L | | | | | | |
| - OTT KAWI | WORK ZONE TYPE | LOCATION OF CRASH IN WO | DV ZONE | CONTOUR | CONDITIONS | SURFACE | | | | | |
| | LANE CLOSURE | 1 - BEFORE THE 1ST | | 1 | 1 | 2 | | | | | |
| | LANE SHIFT/CROSSOVER WORK ON SHOULDER | WARNING SIGN 2 - ADVANCE WARNIN | IG AREA | | | | | | | | |
| LAW ENFORCEMENT PRESENT | OR MEDIAN | 3 - TRANSITION AREA 4 - ACTIVITY AREA | L | 2 - STRAIGHT GRADE 2 - WET 2 - BL | | | | | | | |
| | INTERMITTENT OR MOVING WORK OTHER | 5 - TERMINATION ARI | EA | 3 - CURVE LEVEL | 3 - SNOW | BITUMINOUS, ASPHALT | | | | | |
| LIGHT CONDITION | WEATHE | R | | 4 - CURVE GRADE 9 - OTHER/UNKNOWN | 4 - ICE 5 - SAND, MUD, DIRT, | 3 - BRICK/BLOCK | | | | | |
| 1 - DAYLIGHT | 1 - CLEAR | 6 - SNOW | | , | OIL, GRAVEL | 4 - SLAG, GRAVEL, STONE | | | | | |
| 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY | 2 - CLOUDY 3 - FOG, SMOG, SMOKE | 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, | , SNOW | | 6 - WATER (STANDING, MOVING) | 5 - DIRT 9 - OTHER/UNKNOWN | | | | | |
| 4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING | 4 - RAIN 5 - SLEET, HAIL | 9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN | NG DRIZZLE | | 7 - SLUSH | 9-01HERONKNOWN | | | | | |
| 9-OTHER/UNKNOWN | | PRIOR TOTAL STREET STREET STREET STREET | | | 9 - OTHER/UNKNOWN | | | | | | |
| NARRATIVE | | - 1 1 1 | l l l | | A A | Indicate the north direction with | | | | | |
| UNIT 1 WAS TRAVELING SOL | | | | | 1 | an "N" on the compass diagram. | | | | | |
| 79/HEBRON RD IN THE DED: | | N | | ScenePD ™ - Evaluation Edition | Y Y | | | | | | |
| LANE JUST NORTH OF PARKY | | Evaluation Edition | Evaluation attion Edition | Evaluation Edition a Edition | | | | | | | |
| SWERVED LEFT AND INTO THE THRU LANE AND FIRST STRU | | - L-Valuation Edition | | Evaluation Evaluation | Evaluation Ed Evaluation Edition | ition | | | | | |
| CAUSED UNIT 2 TO MOVE FO | | Evaluation Edition | Evaluation uation Edition | | | | | | | | |
| UNIT 3. UNIT 1 CONTINUED | _ | _ | e e uni | | Evaluation Edition Edition | ition | | | | | |
| UNIT 4. | | Evaluation Edition | uation Bullian Evaluation | | Not To Scale | | | | | | |
| | | _ | SR 79/HI | Evaluation Edition | Edition IS FINAL REST | rion | | | | | |
| | | Evaluation Edition | uation Edition | | Evaluation Ed | ition | | | | | |
| | | PARKVIEV | Evaluation | Evaluation Edition | Evaluation Edition Edition | | | | | | |
| | | Evaluation Edition | ation Edition | | Evaluation Ed | ition | | | | | |
| | | | Evaluation | Evaluation Edition Edition | Edition | 2- | | | | | |
| | | Evaluation Edition | | Trancite (877) 908-4777 | <u> </u> | | | | | | |
| Machine Code (i) And (ii) Machine C. World Schmidter (iii) Machine Code (ii) Machine Code (ii) Machine Code (ii) Machine Code (iii) Machine Code (| DISPATCH DATE / TIME | ARRIVAL DATE / TIME | | SCENE CLEARED | - NOVO CONTRACTOR OF THE PROPERTY OF THE PROPE | REPORT TAKEN BY POLICE AGENCY | | | | | |
| | 62023 1134 | 03162023 1 | 1370 | 3162023 | 1144 | MOTORIST | | | | | |
| TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT | | | ecked by OFFI | CER'S NAME* | 늗 | SUPPLEMENT | | | | | |
| | OFFICER'S BAD | GE NUMBER* | CHECKED | BY OFFICER'S BADGE I | | (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | | | | | |
| | 0 7 - | 1 3 1 | 0 7 | - 1 | 1 8 | | | | | | |

0F8

| OHIO DEI OF PUBLI SAFETY - SERV | OHIO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST | | | | | | | 2 0 2 3 - 0 0 0 0 2 9 2 0 | | | | | | | | |
|---------------------------------------|--|---|----------------------------|--|---|--------------------------------------|-------------------|--|-------------------------------------|--|----------------------------|--|--|--|---------------------------|------------------|
| UNIT # | | | | | | | | | | | | | | | | GENDER |
| 0 1 | MAURER | , RONALD R | | | | | | | 0 9 / 1 6 / 1 9 5 9 6 3 M | | | | | | | М |
| ADDRESS: | : STREET, CITY, ST | ATE, ZIP | | | | | | | CONTA | CT PHO | NE - INCLUDE | AREA CO | DE | | | |
| 840 WE | 40 WEIANT AVE AVE NEWARK, OH 43055 | | | | | | | | | | | | | | | |
| 2 | TAKEN | EMS AGENCY (NAME) | | | | : MEDICAL FACILITY | (NAME, CITY) | SAFETY EQUIPMENT USED _ | | -Compli | | | | G USAGE | | |
| 4 | | Heath FD | | | | morial | | 0 4 | | | | | | 1 | 1 | |
| OL STATE | OPERATOR L | ICENSE NUMBER | | | SE CHAI | RGED | CODE | OFFENSE DESC | | | | | | TION NUMBER | | |
| O H OL CLASS | ENDORSEMENT | RESEMENT RESTRICTION SELECT UP TO 3 DRIVER ALCO | | | | OHOL / DRUG SUSPI | ECTED | 331.08 | | ALCOHO | OL TEST | | 215603 DRUG TEST(S) | | |) |
| OL GLASS | SELECT UP TO 2 | | | | ACTED ALCOHOL MARIJUANA | | | CONDITION | STATUS | | VALUE | 5 | STATUS | TYPE | | T SELECT UP TO 4 |
| 4 | M | , 9 | | | 0 | OTHER DRUG 5 | | 5 | 1 | 1 | • | | 1 | 1 | | |
| UNIT# | NAME: LAST, F | FIRST, MIDDLE | | | | | | | | D | DATE OF BIR | TH | | | AGE | GENDER |
| 0 2 | | ARBARA JEAN | | | | | | | | | 2 1 / | | | 5_ _ | 5 7 | F |
| Ħ | : STREET, CITY, ST | | | | | | | | CONTA | CT PHO | NE - INCLUDE | AREA CO | DE | _ | _ | |
| | | S DR NEWARK, OH 4: EMS AGENCY (NAME) | 3055 | Luunes | TAL/EN TO | MEDICAL FACILITY | | CAFETY FAUTOMENT | | | | | | | | |
| INJURIES | TAKEN BY | EWS AGENCY (NAME) | | INJURED | TAKENTO | : MEDICAL FACILITY | (NAME, CITY) | SAFETY EQUIPMENT | | COMPLIA | | 1 | | | | TRAPPED 1 |
| OL STATE | | ICENSE NUMBER | | OFFEN | SE CHAI | RGED | LOCAL | OFFENSE DESC | RIPTION | | | | | TION N | UMBER | |
| Б О Н | | | | | | | CODE | | | | | | | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT | | | ALC | OHOL / DRUG SUSPI | ECTED | CONDITION | STATUS | ALCOHO | COHOL TEST | | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 | | |
| 1 | SELECT UP 10 2 | SELECT UP TO 2 DISTRAC BY | | | = | ALCOHOL MARIJUANA | | | | | VALUE | | 1 | 1 | RESUL | I SELECT UP TO 4 |
| 4 | | | | | 0 | THER DRUG | | | 1 | 1 | • | L | | <u> </u> | | Lange |
| 0 3 | NAME: LAST, F | • | | | | | | | 0.8 | | DATE OF BIR | | 6 | | AGE 5 .3 . | GENDER |
| 12222 | STREET, CITY, ST | SONJA MARIE | | | | | | | | - | INE - INCLUDE | | | 9 | 3 3 | <u></u> |
| 2105 D | | CT NEWARK, OH 430 | 055 | | | | | | | | D O | ANEA CO | | | .0 .6 | . |
| <u> </u> | INJURED | EMS AGENCY (NAME) | | INJURED | TAKEN TO | : MEDICAL FACILITY | (NAME, CITY) | | | | SEATING P | OSITION | AIR BA | G USAGE | EJECTION | TRAPPED |
| NON 5 | TAKEN BY | | | | | | | USED 0 4 | DOT-COMPLIANT O 1 | | | 1 | 1 1 1 | | | 1 |
| OL STATE | OPERATOR L | ICENSE NUMBER | | OFFEN | SE CHAI | RGED | | | | CRIPTION | | | CITATION NUMBER | | | |
| E O H | | | | | CODE | | | | | | | | | | | |
| ≥ OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | DIST | VER Tracted | _ | DHOL / DRUG SUSPI | ECTED RIJUANA | CONDITION | STATUS | | VALUE | 5 | STATUS | DRU TYPE | G TEST(S RESULT | T SELECT UP TO 4 |
| 4 | | 0 3 | ВУ | 1 | = | THER DRUG | NIJUANA | 1 , | 1 , | 1 | | | 1 | . 1 | | 11 11 1 |
| INJU | JRIES | SEATING POSITION | А | IR BAG | | OL CLAS | S | OL RESTRIC | TION(S) | DI | RIVER DIST | RACT | ION | | TEST STA | |
| 1 - FATAL | SERIOUS INJURY | 1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEP 2 - DEPLOYE | | | 1 - CLASS A 2 - CLASS B | | 1 - ALCOHOL INTER 2 - CDL INTRASTAT | | | NOT DISTRACTE MANUALLY OPE | | AN | | NE GIVEN | |
| 3 - SUSPECTED | | 2 - FRONT - MIDDLE | 3 - DEPLOYE | | | | 3 - CORRECTIVE LE | | | ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, | | CATION | 3-1EST GIVEN, CUNTAWINATED | | | |
| 4 - POSSIBLE IN 5 - NO APPAREN | | 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE | 4 - DEPLOYE 5 - NOT APP | | (0HI0 - D) | | | 4 - FARM WAIVER 5 - EXCEPT CLASS | DIALING) 3 - TALKING ON HANDS-FREE | | | | SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN | | | |
| | | (MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE | | MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT | | | | | | 3- | COMMUNICATIO | | | | | SULTS |
| 1 - NOT TRANSP | PORTED | 6 - SECOND - RIGHT SIDE | | | | 6 - NO VALID OL | | & CLASS B BUS 7 - EXCEPT TRACTO | R-TRAILER | TALKING ON HAND-HELD COMMUNICATION DEVICE | | | ALCOHOL TEST TYPE | | | |
| /TREATED AT 2 - EMS | T SCENE | 7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR) | 1 - NOT EJE | CTED | ON OL ENDORSEMENT H - HAZMAT RESTRICTIONS | | | | | | | | TH AN 1 NONE | | | |
| 3 - POLICE | | 8 - THIRD - MIDDLE | 2 - PARTIAL | | JECTED M - MOTORCYCLE 9 - LEARNER'S PE | | | R'S PERMIT 6 - PASSENGER | | | | 2 - BLOOD | | | | |
| 9 - OTHER / UNK | KNOWN | 9-THIRD - RIGHT SIDE 10-SLEEPER SECTION | 3 - TOTALLY 4 - NOT APP | | JECTED F - FASSENGER | | | | | | | DISTRACTION 3- UNINE THE VEHICLE 4- BREATH | | | | |
| | QUIPMENT | OF TRUCK CAB 11 - PASSENGER IN OTHER | | | | Q - MOTOR SCOOTER | | 11 - LIMITED TO EMI | MPLOYMENT 8 - OTHER DISTRACTIO | | | CTION OL | OUTSIDE 5 - OTHER | | | |
| 1 - NONE USED 2 - SHOULDER E | BELT ONLY USED | ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, | 1 - NOT TRA | PPED | | R - THREE-WHEEL MC S - SCHOOL BUS | TORCYCLE | 12 - LIMITED – OTHE 13 - MECHANICAL DI | HER 9-0THER/UNKNOWN | | | WN | DRUG TEST TYPE | | | |
| 3 - LAP BELT ON | | PICK-UP WITH CAP) | 2 - EXTRICA | TED BY | ¢ | T - DOUBLE & TRIPLE | TRAILERS | (SPECIAL BRAK CONTROLS, OR O | RAKES, HAND | | | ION | 1 - NONE 2 - BLOOD | | | |
| | & LAP BELT USED RAINT SYSTEM – | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 3 - FREED B | Y | | X - TANKER / HAZMAT | | ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY | | 1 - APPARENTLY NORMAL | | | 3 - URINE | | | |
| FORWARD FA | | 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR | NUN-ME(| CHANICAL N | 15 - MOTOR | | | 15 - MOTOR VEHICLE | 15 - MOTOR VEHICLES WITHOUT | | | 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, | | | HER | |
| REAR FACIN | G | (NON-TRAILING UNIT) | | | | | | AIR BRAKES 16 - OUTSIDE MIRRO | ıR | | ANGRY, DISTURBED ILLNESS |) | | | G TEST RE PHETAMINES | ESULT(S) |
| 7 - BOOSTER SE 8 - HELMET US | | 15 - NON-MOTORIST 99 - OTHER / UNKNOWN | | | | | | 17 - PROSTHETIC AII | C AID 5 - FELL ASLEEP, FAIN | | | AINTED, | | | | |
| 9 - PROTECTIVE (ELBOW, KNI | E PADS USED | | | | | | | 18 - OTHER | | 6- | UNDER THE INF | | | | NZODIAZEPIN NNABINOIDS | ES |
| 10 - REFLECTIVE | | | | | | | | | OF MEDICATIONS / D / ALCOHOL | | | s / DRUG | | | | |
| 11 - LIGHTING - I | | | | | | | | | | 9- | OTHER / UNKNO | WN | | 6 - 0PI 7 - 0TH | ATES / OPIOIO | JS |
| | 99 - OTHER / UNKNOWN | | | | | | | | | | | 8 - NEGATIVE RESULTS | | | | |

| OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM | | | | | | | 2023 | - 0 0 | ORT NUMBER | 9 2 | 0 | | | | |
|--|---|------------------------|---------------------------------|-----------------------------------|---|----------------------|---------------------------------|-----------------------------------|------------------------------------|------------------------|----------|---------|--|--|--|
| | UNIT # | NAME: LAS | T, FIRST, MIDDLE | | DATI | E OF BIRTH | | AGE | GENDER | | | | | | |
| Ļ | ADDRESS: | : STREET, CITY, | STATE 71P | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | |
| OCCUPAN | | | 017.12,211 | | | | | | I I | J | 1 1 | 1 1 | | | |
| 8 | 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 | | | نــــا | | | | |
| | UNIT # | NAME: LAS | T, FIRST, MIDDLE | | | | | DATI | E OF BIRTH | | AGE | GENDER | | | |
| L | ADDRESS: | : STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA CO | L DE | | | | | |
| OCCUPANT | | , , , , | , | | | | | | | | | | | | |
| 8 | INJURIES | INJURED TAKEN | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILIT | DOT-COMPLIANT | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | | | |
| Į | | BY | | | | | USED | MC HELMET | | | نــــا | | | | |
| | UNIT # | NAME: LAS | T, FIRST, MIDDLE | | | | | DATI | E OF BIRTH | | AGE | GENDER | | | |
| A N T | ADDRESS: | : STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA CO | DE L | | | | | |
| OCCUPAN | | | | | | | | | | | | | | | |
| 0 | INJURIES | TAKEN | EMS AGENCY (NAME) | | INJURED TAKEN TO: Medical Facilit | ry (name, city) | SAFETY EQUIPMENT USED | DOT-COMPLIANT | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| 4 | | BY | | | | | | MC HELMET | | | <u> </u> | | | | |
| | UNIT # | NAME: LAS | T, FIRST, MIDDLE | | DATE OF BIRTH AGE GENDER | | | | | | | | | | |
| ANT | ADDRESS: | : STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| OCCUPANT | | | | | | 1 1 | | <u> </u> | | | | | | | |
| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: M edical F acilit | ry (name, city) | SAFETY EQUIPMENT USED | DOT-COMPLIANT | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| i | | INJL | JRIES | SAFETY | / EQUIPMENT USED | | SEATING POS | ITION | | AIR BAG U | SAGE | | | | |
| | 1 - FATA | A L | | 1 - NONE US | ED - OCCUPANT | | T – LEFT SIDE ORCYCLE DRIV | FP) | 1 - NOT DE | PLOYED | | | | | |
| | | | RIOUS INJURY INOR INJURY | | ER BELT ONLY USED | 2 - FRON | LIV | YED FRONT YED SIDE | | | | | | | |
| | | SIBLE INJU | | 3 - LAP BELT | FONLY USED | 3 - FRON 4 - SECO | | 4 - DEPLOYED BOTH | | | | | | | |
| | 5 - NO A | PPARENT I | INJURY | | ER & LAP BELT USED ESTRAINT SYSTEM – | | ORCYCLE PASS ND – MIDDLE | ENGER) | FRONT/ 5 - NOT AP | | | | | | |
| l | | INJURED | TAKEN BY | FORWARI | FACING | 6 - SECO | ND – RIGHT SI | ÞΕ | | YMENT UNI | KNOWN | | | | |
| | | TRANSPOR EATED AT S | | 6 - CHILD RE | ESTRAINT SYSTEM – CING | | D – LEFT SIDE ORCYCLE SIDE | CAR) | | 0 N | | | | | |
| | 2 - EMS | | | 7 - BOOSTER | | | D – MIDDLE D – RIGHT SIDE | | 1 - NOT EJECTED | | | | | | |
| | 3 - POLI | ICE ER/UNKNO | NWN | 8 - HELMET 9 - PROTECT | USED IVE PADS USED | | PER SECTION (| | | LLY EJECT Y EJECTED | | | | | |
| | , 01111 | ER7 ONRING | , wit | (ELBOW, | KNEES, ETC.) | CARG | ENGER IN OTH O AREA (NON-TI | RAILING UNIT, | 4 - NOT AP | | | | | | |
| | | | | | TVE CLOTHING G – PEDESTRIAN | 12 - PASS | PICK-UP WITH CAI | | TRAPPED | | | | | | |
| | | | | / BICYCLI | E ONLY | | O AREA LING UNIT | | 1 - NOTTRAPPED | | | | | | |
| | | | | 99 - OTHER / I | JNKNUWN | | NG ON VEHICLE TRAILING UNIT) | EXTERIOR | 2 - EXTRICATED BY MECHANICAL MEANS | | | | | | |
| | | | | | | | MOTORIST TR / UNKNOWN | | 3 - FREED MEANS | BY NON-MI | ECHANIC | AL | | | |
| H | NAME: LAS | ST, FIRST, MIDD | ILE | | | 77 - UTITE | .K / UNKNOWN | DATI | E OF BIRTH | | AGE | GENDER | | | |
| WITNESS | · | | ER IMOGENE | | | | | 0 1 / 0 | | | 3 6 | F | | | |
| MIT | | ST BUCK | STATE, ZIP KEYE LAKE, OH 430 | 008 | | | | CONTACT PHONE | - INCLUDE AREA COI | DE | | | | | |
| 5 | NAME: LAST, FIRST, MIDDLE | | | | | | | | E OF BIRTH | | AGE | GENDER | | | |
| WITNESS | RIDGEWAY, MADISON NICOLE ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | 0 3 / 1 1 / 1 9 9 8 2 5 F | | | | | | |
| M | 104 N 40TH ST NEWARK, OH 43055 | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| SS | NAME: LAS | ST, FIRST, MIDD | ILE | | | | | | E OF BIRTH | | AGE | GENDER | | | |
| WITNESS | ADDRESS: | : STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| ⊼ | | | | | | | | | | | | | | | |

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

3

| OHIO DEF OF PUBLI SAFETY - SERVI | PARTMENT IC SAFETY ICE - PROTECTION | OTORIST / No | N-N | Іото | RIS | Т | | | 2 0 | 2 | 3 - 0 (| PORT NU | | 9 2 | 0 |
|--|---|---|----------------------------|------------------------|---------------------------------|---------------------------------------|------------------|--|-----------------------------------|---|--|-----------------|------------------------------------|-------------------------|----------------|
| UNIT# | NAME: LAST, I | FIRST, MIDDLE | | | | | | | | | DATE OF BIRTH | | | AGE | GENDER |
| 04 | FOGRESS, DENISE LYNN | | | | | | | | 0 6 | / 2 | 2 5 / 1 | 9 5 4 | ا ا | 5 8 | F |
| ADDRESS: | STREET, CITY, ST | ATE, ZIP | | | | | | | CONTA | CT PHO | NE - INCLUDE AREA | CODE | _ | | _ |
| 300 HU | DSON AVE | APT C C NEWARK, C |)H 4305 | 55 | | | | | | | | | | | |
| INJURIES | TAKEN | EMS AGENCY (NAME) | | INJURED | TAKEN TO | : MEDICAL FACILITY | (NAME, CITY) | SAFETY EQUIPMENT USED _ | | -Compli | 1 | | USAGE | ' ' | |
| 5 | BY | TOPINGE WHATER | | 0555111 | | | | 0 4 | | HELME | T 0 1 | 1 | | 1 | _1 |
| OL STATE | | | | | | RGED | CODE | OFFENSE DESC | RIPTION | | | CITA | TON N | UMBER | |
| O H | ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIV | | | VFR | ALCOHOL / DRUG SUSPECTED CONDIT | | | CONDITION | ALCOHOL TEST | | | | DRU | TEST(S |) |
| UL ULAGO | SELECT UP TO 2 | | | TRACTED | _ | LCOHOL MAI | | | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT | SELECT UP TO 4 |
| 4 | | 0 3 | | 1 | 0 | THER DRUG | | 1 | 1 | 1_ | • | 1 | _1_ | | |
| UNIT # | NAME: LAST, I | FIRST, MIDDLE | | | | | | [| DATE OF BIRTH | | | AGE | GENDER | | |
| | | | | | | | | | ш | | | | _ | | |
| ADDRESS: | STREET, CITY, ST | ATE, ZIP | | | | | | | CONTA | CT PHO | INE - INCLUDE AREA | A CODE | | | |
| INJURIES | INHIDEN | EMS AGENCY (NAME) | | INTURED | LV KEN TU | : MEDICAL FACILITY | (NAME CITY) | SAFETY EQUIPMENT | | | SEATING POSIT | TON ATD DAG | HEAGE | EJECTION | TRAPPED |
| AND INTERPORTED | TAKEN BY | EMS AGENOT (NAME) | | INSURED | IAKENTO | . INCOIONE I NOIEIT I | (NAME, CITT) | USED | | -Compli HELME | ANT | AIR BAC | AIR DAG GSAGE EGEGTION TRAITED | | |
| | OPERATOR L | ICENSE NUMBER | | OFFEN: | SE CHAI | RGED | LOCAL | OFFENSE DESC | RIPTION | | | CITATION NUMBER | | | |
| OL STATE | | | | | | | CODE | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | | VER TRACTED | RACTED ALCOHOL MARIJUANA | | | CONDITION | STATUS | | _COHOL TEST TYPE VALUE | | DRU(| RESULT | SELECT UP TO 4 |
| | | | BY | IKAGILD | | | | | | | | | STATUS TYPE | | |
| UNIT # | NAME: LAST, I | EIDST MIDDLE | | | □ º | THER DRUG | | | | | DATE OF BIRTH | | | AGE | GENDER |
| ONII # | NAME: LASI, I | FIRST, WIDDLE | | | | | | | | | DATE OF BIRTH | | | AUL | GENDER |
| ADDRESS: | STREET, CITY, ST | ATE, ZIP | | | | | | | CONTA | CT PHO | INE - INCLUDE AREA | A CODE | _ | | |
| | | | | | | | | | | 1 | 1 1 | 1 1 | | | 1 1 |
| INJURIES | | EMS AGENCY (NAME) | | INJURED | TAKEN TO | : MEDICAL FACILITY | (NAME, CITY) | | | -Compli | SEATING POSIT | ION AIR BAG | USAGE | EJECTION | TRAPPED |
| | TAKEN BY | | | | | | | | | | HELMET | | | | |
| OL STATE | OPERATOR L | ICENSE NUMBER | | OFFEN | SE CHAI | RGED | LOCAL CODE | OFFENSE DESC | | C | | | CITATION NUMBER | | |
| | | | | | | | | | | AL COU | 01 TEST | | DDU | TEST/S | V |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | UP TO 3 DRI' | VER Tracted | | DHOL / DRUG SUSPI LCOHOL MAI | ECTED RIJUANA | CONDITION | STATUS | | VALUE | STATUS | TYPE | RESULT | SELECT UP TO 4 |
| | | | | | = | THER DRUG | | | | L | | الــــا | | | |
| | RIES | SEATING POSITION | | IR BAG | | OL CLAS | s | OL RESTRIC | | account Management | RIVER DISTRA | CTION | | EST STA | TUS |
| 1 - FATAL 2 - SUSPECTED | SERIOUS INJURY | 1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEP 2 - DEPLOY | | | 1 - CLASS A 2 - CLASS B | | 1 - ALCOHOL INTER 2 - CDL INTRASTATI | | | NOT DISTRACTED MANUALLY OPERAT | ING AN | | E GIVEN F REFUSED | |
| 3 - SUSPECTED | | 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE | 3 - DEPLOY | | | 3 - CLASS C | | 3 - CORRECTIVE LE | NSES | | ELECTRONIC COMM DEVICE (TEXTING, T | | 3-TEST | F GIVEN, CON | |
| 4 - POSSIBLE IN 5 - NO APPAREN | | 4 - SECOND - LEFT SIDE | 4 - DEPLOYI | ED BOTH FRO LICABLE | NT / SIDE | 4 - REGULAR CLASS (OHIO = D) | | 4 - FARM WAIVER 5 - EXCEPT CLASS A | A BUS | 3. | DIALING) TALKING ON HANDS | FDFF | | | ULTS KNOWN |
| | TAKEN BY | (MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE | | MENT UNKNO | OWN | 5 - M/C MOPED ONLY 6 - NO VALID OL | | 6 - EXCEPT CLASS / & CLASS B BUS | | | COMMUNICATION D | EVICE | | ΓGIVEN, RES NOWN | ULTS |
| 1 - NOTTRANSP | ORTED | 6 - SECOND - RIGHT SIDE | | | | | | 7 - EXCEPT TRACTO | R-TRAILER | | TALKING ON HAND-F COMMUNICATION DI | | ALC | OHOL TES | ST TYPE |
| /TREATED AT 2 - EMS | r scene | 7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR) | 1 - NOT EJE | JECTION CTED | | OL ENDORSE | MENT | 8 - INTERMEDIATE RESTRICTIONS | LICENSE | 5 - | OTHER ACTIVITY WI ELECTRONIC DEVICE | | 1 - NON | E | |
| 3 - POLICE | | 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE | | LY EJECTED | | M - MOTORCYCLE | | 9 - LEARNER'S PER RESTRICTIONS | MIT | | PASSENGER | | 2 - BL00 | | |
| 9 - OTHER / UNK | INOWN | 10 - SLEEPER SECTION | 3 - TOTALLY 4 - NOT APP | | | P - PASSENGER N - TANKER | | 10 - LIMITED TO DAY | LIGHT ONL | | OTHER DISTRACTION INSIDE THE VEHICL | | 4 - BRE. | | |
| | QUIPMENT | OF TRUCK CAB 11 - PASSENGER IN OTHER | | | | Q - MOTOR SCOOTER | | 11 - LIMITED TO EMP | | 8- | OTHER DISTRACTION THE VEHICLE | N OUTSIDE | 5 - OTH | ER | |
| 1 - NONE USED 2 - SHOULDER B | ELT ONLY USED | ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, | 1 - NOT TRA | PPED PED | | R - THREE-WHEEL MC S - SCHOOL BUS | TORCYCLE | 12 - LIMITED – OTHE 13 - MECHANICAL DE | EVICES | 9 - | OTHER / UNKNOWN | | | UG TEST | TYPE |
| 3 - LAP BELT ON | | PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED | 2 - EXTRICA | ATED BY NICAL MEANS | | T - DOUBLE & TRIPLE | TRAILERS | (SPECIAL BRAKES, HAND CONTROLS, OR OTHER | | CONDITION | | | 1 - NONE 2 - BLOOD | | |
| | RAINT SYSTEM – | CARGO AREA | 3 - FREED B | BY | | X - TANKER / HAZMAT | | ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY | | 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT | | | 3 - URINE | | |
| FORWARD FA | CING RAINT SYSTEM – | 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR | NUN-ME | CHANICAL M | LAIV5 | | | 15 - MOTOR VEHICLE | ES WITHOUT 3 - EMOTIONAL (E.G., I | | | PRESSED, | | | -AIIIE-VAS |
| REAR FACING | G | (NON-TRAILING UNIT) 15 - NON-MOTORIST | | | | | | AIR BRAKES 16 - OUTSIDE MIRRO | ANGRY, DISTURBED) ROR 4- ILLNESS | | | | | HETAMINES | SULT(S) |
| 7 - BOOSTER SE 8 - HELMET USI | | 99 - OTHER / UNKNOWN | | | | | | 17 - PROSTHETIC AID | | | | ED, | 2 - BAR | BITURATES | |
| 9 - PROTECTIVE (ELBOW, KNE | PADS USED | | | | | | | 18 - OTHER | | 6- | UNDER THE INFLUE | | | ZODIAZEPIN NABINOIDS | ES |
| 10 - REFLECTIVE | CLOTHING | | | | | | | | | | OF MEDICATIONS / D / ALCOHOL | NUUS | 5 - 000 | AINE | |
| 11 - LIGHTING - F | | | | | | | | | | 9- | OTHER/UNKNOWN | | 6 - 0PIA 7 - 0TH | ATES / OPIOID ER |)\$ |
| 99 - OTHER / UNKNOWN | | | | | | | | | 8 - NEGATIVE RESULTS | | | | | | |