OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*										
OH-2	2024-	0000	3562								
PHOTOS TAKEN OH-1P OTHER  SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME*  Heath PD		NCIC*	HIT/SKIP   NUMBER OF UNITS   UNIT IN ERROR   1 - SOLVED   0 2   0 2   98 - ANIMAL							
COUNTY* LOCALITY* LOCATION: CIT	Y, VILLAGE, TOWNSHIP*			CRASH DATE / T		CRASH SEVERITY					
4 5 1 2 - VILLAGE HEATH		04152024 1738 3 1- FATAL 2- SERIOUS INJURY									
7 100070	ROAD TYPE	LATITUDE DE		2 - SERIOUS INJURY SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WFST	HOPEWELL		D R	40,033	9 9 1	3 - MINOR INJURY SUSPECTED					
1 1,201	REFERENCE ROAD NAME (ROAD, I	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	701			-82 4 2 1	5 3 8	5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE		]	NTERSECTION REL						
2 MILE DOST 4 2 COUTU	214		O - ROAD O - SQUARE	WITHIN INTE	RSECTION OR ON AP	PROACH					
3- HOUSE # 3- EAST	- I EBERAL OO ROOTE		- STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES					
DISTANCE DISTANCE CR	ROADWAY										
FROM REFERENCE UNIT OF MEASURE  1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY											
1 0 0 2 2-FEET 3-YARDS	HE -	- HEIGHTS PL - PLACE			1						
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVE		<b>NER OF CRASH COLLISION/IMPAC</b> COLLISION 4 - REAR-TO-REAR	т	DIRECTION OF TRAVE	1000	EDIAN TYPE DED FLUSH MEDIAN					
O 1 2 - ON SHOULDER 10-DRIVEWAY	ALLEY ACCESS 6 BETV	VEEN 5-BACKING MOTOR		1 - NORTH 1 2 - SOUTH	(<4	FEET)					
4 - ON ROADSIDE 12-SHARED U		CLES IN 6-ANGLE NSPORT 7-SIDESWIPE, SAME	DIRECTION	3 - EAST 4 - WEST	(≥4	DED FLUSH MEDIAN FEET )					
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANG	2 - REAR 3 - HEAD				1	DED, DEPRESSED MEDIAN DED, RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOOT				TYPE) R/UNKNOWN							
8 - OFF RAMP 99 - OTHER / OI				CONTOUR	CONDITIONS	SURFACE					
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	1 - BEFORE THE 1ST W		1	1	2					
	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNING	G AREA	1-STRAIGHT LEVEL 1-DRY 1-CONCRE							
LAW ENFORCEMENT PRESENT	OR MEDIAN	3 - TRANSITION AREA		2 - STRAIGHT GRADE 2 - WET 2 - BLACK							
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	A	3 - CURVE LEVEL 3 - SNOW BITUMINO ASPHALT							
LIGHT CONDITION	WEATHE	D .		4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK					
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL, STONE							
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	01 2 - CLOUDY 3 - FOG. SMOG. SMOKE	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	SNOW		6 - WATER (STANDI MOVING)	NG, 5 - DIRT					
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FREEZIN			7 - SLUSH	9 - OTHER/UNKNOWN					
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER/ UNKNOWN			9 - OTHER/UNKNOW	'N'					
NARRATIVE			I			Indicate the north					
UNIT 1 WAS TRAVELING WE	ST BOUND ON				+	direction with an "N" on the					
HOPEWELL DR. UNIT 2 PULI	ED OUT OF 701			ScenePD ™ - Evaluation Edition		compass diagram.					
HOPEWELL DR TO HEAD WE		Evalua	Evaluation	Evaluation Edition Edition							
HOPEWELL DR. UNIT 1 STRU	JCK UNIT 2 FAILING	G TO Evaluation Edition		Evaluation i	Evaluation Edition	on Edition					
YIELD AT THE STOP SIGN.		Evalua	Evaluation	Evaluation Edition Edition	sulion	-					
		Evaluation Edition 701	PARK LANES HOPEWELL DR	Evaluation I	Evaluation Edition Edition	on Edition					
		Evaluation Edition	Evaluation ition Edition	Byaluation Edition Edition	Not To Sca						
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Evaluation Edition   Evaluation Edition  Evaluation Edition  Evaluation Edition											
Evaluation Edition Edition											
		Evaluation Edition	Evaluation ition Edition	Unit 1	HOREWELL OR	on Edition					
			Evaluation	Evaluation I Evaluation Edition	- craue(MMEdHidd N	2-					
		Evaluation Edition	ition Edition	Trancite (877) 908-4777							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY					
04152024 1738 041	52024 1739	04152024 17	7 4 3 0	4152024	1843	POLICE AGENCY					
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINU	- Company		ECKED BY OFFI	CER'S NAME*		MOTORIST SUPPLEMENT					
MINU	Spence OFFICER'S BAD			Y OFFICER'S BADGE N	IUMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
0 6 6 6 6 4	0 7 -		) <b>7</b>	- <b>1</b>	3 8	The second secon					

**J FIRST HARMFUL EVENT** 

1

FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0	2 4	4 - 0 0			5 6	2				
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER									
0 1	BERNOWSKI, RICHARD JOSEPH								0 3 / 0 8 / 1 9 8 5 3 9 M							
2	STREET, CITY, STATE, ZIP								CONTA	CT PHO	NE - INCLUDE AREA	CODE	_		_	
<u>-</u>	INNVILLE RD NEWARK, OH 43056															
	TAKEN	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED		-COMPLIA		1		EJECTION	TRAPPED	
3		Newark Twp FD		OFFEN	CE OUAF	DOER	10041	0 4		HELINIE	T 0 1					
OL STATE	UPERATUR L	ICENSE NUMBER ■		UFFEN	SE CHAF	KGED	CODE	OFFENSE DESC	CRIPTION			CITATION NUMBER				
3	ENDORSEMENT	ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER			AL CO	ALCOHOL / DRUG SUSPECTED CONDITION			ALCOHOL TEST				DRUG	TEST(S	)	
OL GEASS	SELECT UP TO 2	NESTRICTION SECES		TRACTED	_	LCOHOL MAF		SONDITION	STATUS		VALUE	STATUS	TYPE		SELECT UP TO 4	
4				1		THER DRUG		1	1	1	•	_1	1	النال	لــالــالــ	
UNIT#	NAME: LAST, F	FIRST, MIDDLE									ATE OF BIRTH			AGE	GENDER	
0 2		PAIGE MCKENZIE							0 7	_/ _0	<b>5</b>	9 9	9   2	2 4	F	
	STREET, CITY, ST.	•	_						CONTA	CT PHO	NE - INCLUDE AREA	CODE				
<u> </u>		NEWARK, OH 4305	5 					I	ш					1	<u> </u>	
INJURIES 3	TAKEN	ems agency (NAME)  Heath FD		INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			USED O 1	DOT-COMPLIANT SEATING POSITION O 1			IN AIR BAG USAGE EJECTION TRAPPED  4 1 1				
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL			OFFENSE DESC	SCRIPTION			CITATION NUMBER				
O H				331.2	331.22			331.22	1.22			0045070000157				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER Tracted	_	OHOL / DRUG SUSPE		CONDITION	STATUS		VALUE	STATUS	DRUG TYPE	RESULT	SELECT UP TO 4	
. 4	ļ. ,, ,		BY	1	=	LCOHOL MAF THER DRUG	RIJUANA	1 1	1 .	1 ,		1	1	.		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER	
												1 1		1 1		
ADDRESS:	STREET, CITY, ST.	ATE, ZIP			CONTACT PHONE - INCLUDE AR				CODE							
SISIONO ADDRESS:											1 1					
	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	□ ВОТ	-Complia	SEATING POSITION	ON AIR BA	G USAGE	EJECTION	TRAPPED	
	BY							MC HELMET			_	CITATION NUMBER				
OL STATE				SE CHAF							CITA					
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UD TO O DDI	VER	ALCOHOL / DRUG SUSPECTED CONDITION			ALCOHOL TEST				DRUG TEST(S)				
UL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED			RIJUANA	CONDITION	STATUS		VALUE	STATUS			SELECT UP TO 4	
						THER DRUG					•			الال		
INJU 1 - FATAL	RIES	SEATING POSITION		AIR BAG		OL CLASS 1-CLASS A	3	OL RESTRIC			RIVER DISTRAC	TION		EST STA	TUS	
	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEF 2 - DEPLOY			2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		2-	NOT DISTRACTED  MANUALLY OPERATII		1 - NONE 2 - TEST	REFUSED		
3 - SUSPECTED MINOR INJURY		2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LE	DEVICE (TEXTING, TYPI							
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND – LEFT SIDE 5 - NOT APPLICABLE			JNI / SIDE	(OHIO = D) 5 - EXCEPT CLASS			DIALING) A BUS 3-TALKING ON HANDS-FR			RFF	EE 4-TEST GIVEN, RESULTS KNOWN			
INJURED TAKEN BY		F CECOND MIDDLE 9- DEPLOTMENT UNKNOWN				5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS				VICE	CE 5 - TEST GIVEN, RESULTS			
1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE								7 - EXCEPT TRACTO	R-TRAILER		COMMUNICATION DE	ALCOHOL TEST TYP				
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION CTED		OL ENDORSEM H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		OTHER ACTIVITY WIT ELECTRONIC DEVICE		1 - NONE			
3 - POLICE		8 - THIRD - MIDDLE 2 - PARTIALLY EJECTED			M - MOTORCYCLE 9 - LEARNER'S PER			RMIT 6 - PASSENGER				2 - BLOOD 3 - URINE				
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION 4 - NOT APPLICABLE			P - PASSENGER RESTRICTIONS N - TANKER 10 - LIMITED TO DAY			7 - OTHER DISTRACTION (LIGHT ONLY INSIDE THE VEHICLE			4 - BREATH					
SAFETT EQUIPMENT		0F TRUCK CAB	Q - MOTOR SCOOTER				11 - LIMITED TO EMPLOYMENT			8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		DE 5-OTHER				
1 - NONE USED 2 - SHOULDER B	2 - SHOULDER BELT ONLY USED  ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,		1 - NOT TRA	K-INKEE-WHEEL WOTOKCTCLE			12 - LIMITED – OTHER 13 - MECHANICAL DEVICES		9 - OTHER / UNKNOWN			DRUG TEST TYPE				
3 - LAP BELT ONLY USED		PICK-UP WITH CAP)	CAP) 2 - EXTRICATED BY			S-SCHOOL BUS (SPECIAL E			SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		1 - NONE 2 - BLOOD			
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM –		CARGO AREA 3 - FREED BY				X - TANKER / HAZMAT ADAPTIVE			2 ACTARE		APPARENTLY NORMA	MAL 3 - URINE				
FORWARD FA	ACING	13 - TRAILING UNIT NON-MECHANICAL MEANS 14 - RIDING ON VEHICLE EXTERIOR			15 - MOTOR VEHICL			ES WITHOUT 3 - EMOTIONAL (E.G., DEPRE				ESSED,				
6 - CHILD RESTRAINT SYSTEM – REAR FACING		(NON-TRAILING UNIT)				AIR BRAKES 16 - OUTSIDE MIRRO			ANGRY, DISTURBED)  R 4- ILLNESS			DRUG TEST RESULT(S)  1-AMPHETAMINES				
7 - BOOSTER SE		15 - NON-MOTORIST 99 - OTHER / UNKNOWN					17 - PROSTHETIC AID			D 5- FELL ASLEEP, FAINTED,			1 - AMPHETAMINES 2 - BARBITURATES			
9 - PROTECTIVE	PADS USED							18 - OTHER			FATIGUED, ETC. UNDER THE INFLUEN	0E		3 - BENZODIAZEPINES 4 - CANNABINOIDS		
(ELBOW, KNE 10 - REFLECTIVE									(	OF MEDICATIONS / DR / ALCOHOL		4 - CANN 5 - COCA				
11 - LIGHTING - F	PEDESTRIAN										OTHER / UNKNOWN			TES / OPIOID	)S	
/ BICYCLE ONLY 99 - OTHER / UNKNOWN													7 - 0THE 8 - NEGA	R ATIVE RESUI	LTS	

Ū	OHIO DEPARTMENT OF PUBLIC SAFETY OF CUPANT / WITNESS ADDENDUM							2024	- 0 0	ORT NUMBE	<b>B</b> 5 6	2			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE		DATE OF BIRTH AGE GENDE										
	01	BERNOWSKI, LONDON J							2 / 2 0	1 8	6	, F			
ANT	ADDRESS	: STREET, CITY,	STATE, ZIP		CONTACT PHONE	- INCLUDE AREA CO	DE								
OCCUPANT	5832 L	INNVILE	RD NEWARK, OH												
٩	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (name, city)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED			
	3	Newark Twp FD							0 6	_2	1	_1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
	02	SWIHA	RT, NATHANUAL	0 1 / 1	6 / 2 0	<b>1</b>	_ <b>5</b>	M							
MA	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE	-				
OCCUPANT	70 N FL	JLTON A	/E NEWARK, OH 4												
0	INJURIES	RIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY E						DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED			
	_3	BY 1					0 1	☐ MC HELMET	0 6	4	1	_1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER							
PAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT							_								
٥	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (name, city)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED			
		BY						☐ MC HELMET							
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
IPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT											<del></del>				
Ī	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (name, city)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED			
	1 - FATA		JRIES	1 - NONE US	Y EQUIPMENT USED		SEATING POS T – LEFT SIDE	1110N		AIR BAG	USAGE				
			RIOUS INJURY		OCCUPANT		ORCYCLE DRIV				т				
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 2 - SHOULD			ER BELT ONLY USED 2 - FRONT - MIDDLE			_	3 - DEPLOYED SIDE							
		SIBLE INJU		3 - LAP BEL	T ONLY USED 3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDI										
	5 - NO APPARENT INJURY  5 - CHILD RE  INJURED TAKEN BY  FORWARD				ER & LAP BELT USED (MOTORCYCLE PAS ESTRAINT SYSTEM – 5 - SECOND – MIDDLE D FACING 6 - SECOND – RIGHT S				FRONT/SIDE  5 - NOT APPLICABLE						
L								)F							
I					ESTRAINT SYSTEM –		D – LEFT SIDE	<i>,</i> _	9 - DEPLOYMENT UNKNO						
	/TREATED AT SCENE REAR FA			CING		ORCYCLE SIDE D – MIDDLE	CAR)		EJECT	ION					
	2 - EMS 7 - B00STE						D – RIGHT SIDE	<u> </u>	1 - NOT EJ						
	3 - POLICE 8 - HELMET					PER SECTION (		TIALLY EJECTED							
				TVE PADS USED KNEES, ETC.)		ENGER IN OTH O AREA (NON-TI	HER ENCLOSED 3 - TOTALLY EJECTED  TRAILING UNIT. 4 NOT ADDITIONED								
				10 - REFLECT	IVE CLOTHING	BUS, F	PICK-UP WITH CA	P) .	4 - NOT APPLICABLE						
					G – PEDESTRIAN		ENGER IN UNE 10 AREA	NCLUSED	TRAPPED  1 - NOTTRAPPED						
OO OTHER / HNIVNOWN							LING UNIT	NIT 2 - EXTRICATED BY ME							
				77 OTTLERY	14 - RIDING ON VEHICL (NON-TRAILING UNIT)			EXTERIOR	MEANS						
						15 - NON-	MOTORIST		3 - FREED MEANS		MECHANIC	AL			
						99 - OTHE	R / UNKNOWN								
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.					
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7	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
ESS															
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
SS	NAME: LAS	ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS.	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE DE					
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