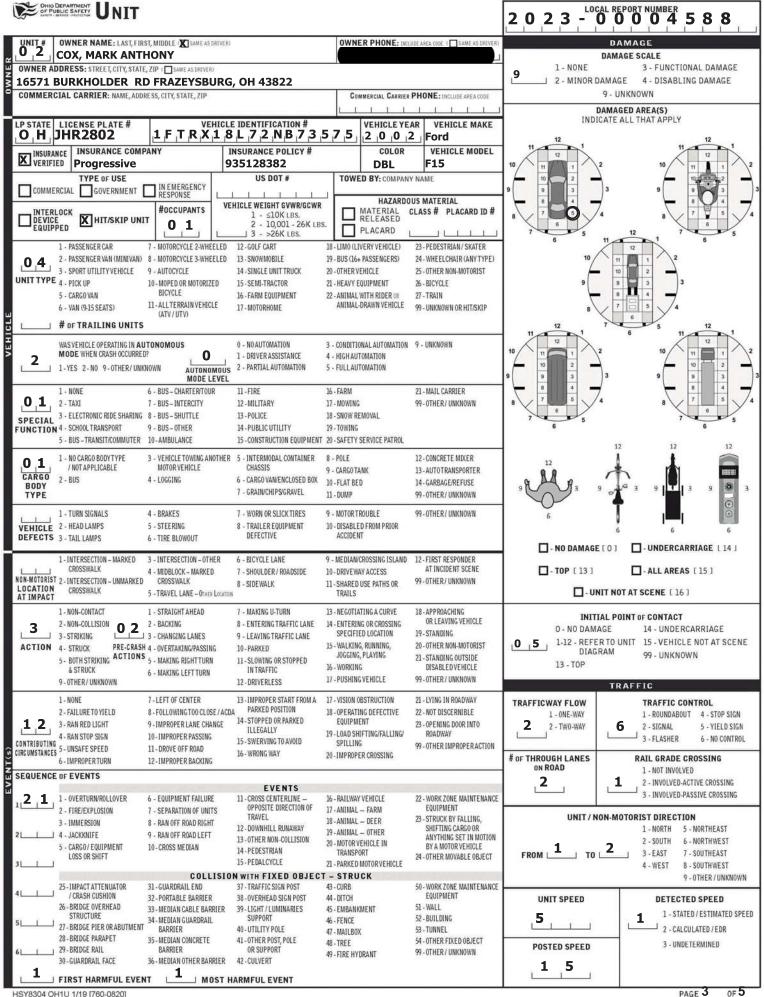
OF PUBLIC SAFETY R	AFFIC CRAS	1 1 204	ORT *DENOTES	S MANDATORY F	ELD FOR SUPPL	EMENT REPORT	2023-	OOOL REPORT NUM	575,575					
M PHOTOS TAKEN	☐ 0H-2 ※ 0H-3		RTING AGENCY NAME	e .		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR					
SECONDARY CRASH	PRIVATE PROPER	не Не	ath PD		I	04507	1 - SOLVED 2 - UNSOLVED	0.2	0 2 98 - ANIMAL 99 - UNKNOWN					
COUNTY* LOCALITY* 4 5 1 2-V	ITY Y		GE, TOWNSHIP*				CRASH DATE /	_	CRASH SEVERITY 1 - FATAL					
3-TOWNSHIP								04252023 1107 5 2-SERIOUS INJURY SUSPECTED						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 2 - SOUTH 3 - EAST 4 - WEST HEBRON								40,028410 3-MINOR INJURY SUSPECTED						
		TH REFE	RENCE ROAD NAME (RO	OAD, MILEPOST, F	IOUSE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUM	3 - EAS 4 - WES	911	_				- 8 4 5	1 5 5	5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE		ROUTE TYPE	AL ALLEY	ROAD TYPE HW - HIGHWAY	RD - ROAD	l —	INTERSECTION REL	TOTAL TANDA					
3 2- MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH L 3 - EAST	SOUTH US - FEDERAL US ROUTE AV - AVENUE LA - LANE SI					WITHIN INTE	RSECTION OR ON AP	PROACH					
	4-WEST SR-STATE ROUTE CR - CIRCLE OV - OVAL TE - TERRACI							WITHIN INTERCHANGE AREA NUMBER OF APPROACHES						
FROM REFERENCE	DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE								ROADWAY					
2 - FEET ROUTE DR - DRIVE PI - PIKE WA - WAY L J 3 - YARDS ROADWAY DIVIDED ROADWAY DIVIDED														
LOCATION 1 - ON ROADWAY		MEDIAN TYPE												
0 6 2 - ON SHOULDE	R 10-DRIVE	WAY/ALLEY AY GRADE	ACCESS 5	TWO MOTOR	5 - BACKING	1,300	1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)							
4 - ON ROADSIDE		D USE PAT	HS OR	TRANSPORT	6 - ANGLE 7 - SIDESWIPE,		3 - EAST 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)							
5 - ON GORE 6 - OUTSIDE TRA	AFFIC WAY 13-BIKE L	ANE			8-SIDESWIPE, 9-OTHER/UNK	OPPOSITE DIRECTION (NOWN		DED, DEPRESSED MEDIAN DED, RAISED MEDIAN						
7 - ON RAMP 8 - OFF RAMP	14-TOLL E 99-OTHER	OOTH /UNKNOW	N						TYPE) R/UNKNOWN					
WORK ZONE RELAT	ED	WOR	K ZONE TYPE	LOCATI	ON OF CRASH IN	WORK ZONE	CONTOUR	CONDITIONS	SURFACE					
WORKERS PRESENT	Т	1-LANE 2-LANE	CLOSURE SHIFT/CROSSOVER		WARNING SIG		_1	_1	2					
LAW ENFORCEMEN	T PRESENT L	3 - WORK OR ME	ON SHOULDER DIAN		- ADVANCE WAS - TRANSITION A		1 - STRAIGHT LEVEL							
ACTIVE SCHOOL ZO	NE	4 - INTER	MITTENT OR MOVING W	STATE OF THE PARTY	- ACTIVITY ARE - TERMINATION		3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT					
7-2	ONDITION			ATHER			4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIR	3 - BRICK/BLOCK					
1 - DAYLIGHT			1-CLEAR	6 - SNOW			9-UIHERUNKNOWN	OIL, GRAVEL	STONE					
2 - DAWN/DUSK 3 - DARK – LIGHT	TED ROADWAY	0:	2 - CLOUDY 3 - FOG, SMOG, SM		CROSSWINDS NG SAND, SOIL, D	DIRT, SNOW		6-WATER (STANDII MOVING)	5-DIKI					
	WAY NOT LIGHTED IOWN ROADWAY LIGHT	ING	4 - RAIN 5 - SLEET, HAIL	NG RAIN OR FRE 7 UNKNOWN		7 - SLUSH 9 - OTHER/UNKNOW	9 - OTHER/UNKNOWN							
9-OTHER/UNK	NOWN						<u> </u>		M.					
NARRATIVE UNIT #1 WAS F	DARKED IN A I	ΔΡΚΤΝ	G SDACE IN TH	HE LOT	- '				Indicate the north direction with					
OF 911 HEBRON					-				an "N" on the compass diagram.					
BACKING OUT (-	Evaluation	ScenePD ** - Evaluation Edition Evaluation Edition Edition							
#2 THEN LEFT	THE SCENE.				Evaluation Erlitio	Evaluation Edition in		Evaluation Edition	on Edition —					
UNIT #2 WAS L	OCATED AND	ADVIS	ED THEY WER	E	Evaluation Edition	Evaluation Edition	Evaluation Edition 1 Edition	Edition						
UNAWARE OF T	THE CONTACT	MADE.	UNIT #2 PRO	OVIDED	Evaluation Etitle	CFCS	Evaluation	Evaluation Edition Edition	on Edition					
PROOF OF VALI	ID INSURANCI	AND	REPORT WAS U	JPDATED.	Evaluation Edition	Evaluation Edition	Edition	Evaluation Evaluation	on Edition					
					F	Evaluatio	Evaluation Evaluation	Edition Edition Not To Scale						
					Evaluation Editor			Evaluation Edition	on Edition					
					Evaluation Edition	Evaluation Edition	Evaluation Edition	Edition						
					FF		Evaluation Edition	Evaluation Edition Edition	Edition —					
					Evaluation Editio	Evaluation Edition in								
CRASH REPORTED D	ATE / TIME	DISPA	TCH DATE / TIME	AF	RRIVAL DATE / T	IME	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY					
0,4,2,5,2,0,2,3	1,107,04	252	023 110	8 0 4 2 5	2023	11160	4252023	1147	MOTORIST					
TOTAL TIME ROADWAY CLOSED INVE		OTAL INUTES	OFFICER'S NAME* Hunt	1		CHECKED BY OFF	CER'S NAME*		SUPPLEMENT					
			OFFICER'S	BADGE NUMBE		CHECKED	BY OFFICER'S BADGE I	NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
			0 7 -	1	3 0		F 1 1							

OF 5



OHIO DES	Sound DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0	2	3 - 0		O O 4		8	
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE					GENDER		
ADDRESS:	S: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY INJURED TAKEN				TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-	-COMPLIA		OSITION	AIR BAG USAGE	EJECTION	TRAPPED
ADDRESS: INJURIES OL STATE	OPERATOR LICENSE NUMBER OFFENSE CH				SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	ENSE DESCRIPTION				CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED			E CTED RIJUANA	CONDITION	STATUS		VALUE	s	TATUS TYPE	G TEST(S E RESULT	SELECT UP TO 4
UNIT #	NAME: LAST, F	FIRST, MIDDLE			OTHER DRUG						ATE OF BIR	TH		AGE	GENDER
0,2	COX, MAI	RK ANTHONY							0 2	/ 0	2 /	1 9	9 4	2 9	М
ADDRESS:	STREET, CITY, ST.	ate, zip DER RD FRAZEYSBU	RG, OH	43822					CONTAC	CT PHO	NE - INCLUDE	AREA COD	DE .		
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFE				SAFETY EQUIPMENT		-Complia			AIR BAG USAGE	EJECTION 1	TRAPPED
16571 INJURIES OL STATE O H	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFENSE DESC					CITATION NUMBER			
O H OL CLASS	ENDORSEMENT	RESTRICTION SELECT		VER ALCOHOL / DRUG SUSPECTED			CONDITION	CONDITION			Tai	DRUG TEST(S)			
4	SELECT UP TO 2	0 3	DIS	TRACTED 9	=	LCOHOL MAF	RIJUANA	1	STATUS	TYPE	VALUE		TATUS TYPE	RESULT	T SELECT UP TO 4
UNIT #	NAME: LAST, F				<u> </u>	THE PROC				D	ATE OF BIR	тн		AGE	GENDER
ADDDESS	ATREET AITY AT	175 710										_1_	السا		لـــــا
SI ADDRESS:	STREET, CITY, ST.	ATE, ZIP							CONTAC	CT PHO	NE - INCLUDE	AREA COD	DE I	1 1	
ADDRESS:	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		-Complix		OSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION			CITATION N	TION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA			CONDITION	STATUS		VALUE	S	DRU TATUS TYPE	G TEST(S E RESULT	T SELECT UP TO 4	
		CEATING DOCUTION		VD DAG	0	THER DRUG		AL DECEDIO	TION(C)		• LLL			TECT CTA	
1 - FATAL	RIES	1 - FRONT - LEFT SIDE	1 - NOT DEP	AIR BAG PLOYED		1-CLASS A	5	0L RESTRIC 1-ALCOHOL INTER			NOT DISTRACT		- 40	TEST STA NE GIVEN	TUS
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOY 3 - DEPLOY			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE			MANUALLY OP ELECTRONIC C		MATION	T REFUSED	TAMINATED
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	ED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)		NG, SAN	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
5 - NO APPAREN	IT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A			3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		E	4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS	
INJURED	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	9-DEPLOY	MENT UNKNU	WN	6 - NO VALID OL		& CLASS B BUS		4-	TALKING ON HA	AND-HELD	UNI	KNOWN	
1 - NOT TRANSP /TREATED AT		7 - THIRD - LEFT SIDE	E.	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE			COMMUNICATION OTHER ACTIVITION		ALC	OHOL TES	ST TYPE
2 - EMS		(MOTORCYCLE SIDE CAR) 8-THIRD – MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS			ELECTRONIC D PASSENGER	EVICE	1 - NON 2 - BLO		
	3 - POLICE		2 - PARTIALLY EJECTED M - MOTORCYCLE 3 - TOTALLY EJECTED P - PASSENGER				9 - LEARNER'S PERMIT RESTRICTIONS		7-	7 - OTHER DISTRACTION			3 - URINE		
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	PLICABLE		N - TANKER		10 - LIMITED TO DAY			INSIDETHE VE OTHER DISTRA		4 - BRE		
1 - NONE USED	Y	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	ī	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE			THE VEHICLE OTHER / UNKN	OWN	DI	RUG TEST	TYPE
2 - SHOULDER B 3 - LAP BELT ON	BELT ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRA 2 - EXTRICA			S - SCHOOL BUS	TOATI FOR	13 - MECHANICAL D (SPECIAL BRAK	ES, HAND			Part III	1 - NO		
and the second second second	LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		VICAL MEANS		T - DOUBLE & TRIPLE X - TANKER / HAZMAT		CONTROLS, OR O ADAPTIVE DEVI		1 -	APPARENTLY N		2 - BL0 3 - UR1		
5 - CHILD REST	RAINT SYSTEM – ACING	13 - TRAILING UNIT		CHANICAL M	EANS			14 - MILITARY VEHICLE			PHYSICAL IMPA		4 - OTH	ER	
6 - CHILD REST	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES			EMOTIONAL (E. ANGRY, DISTURBE			G TEST RE	ESULT(S)
7 - BOOSTER SE		15 - NON-MOTORIST						16 - OUTSIDE MIRRO 17 - PROSTHETIC All			ILLNESS FELL ASLEEP, F	AINTED		PHETAMINES RBITURATES	
8 - HELMET US 9 - PROTECTIVE		99 - OTHER / UNKNOWN						18 - OTHER			FATIGUED, ETC.		3-BEN	NZODIAZEPIN	ES
(ELBOW, KNE	EES, ETC.)										UNDER THE INF		S 4-CA	NABINOIDS	
10 - REFLECTIVE 11 - LIGHTING - I											/ALCOHOL OTHER/UNKNO	WN	5 - COC 6 - OPI	ATES / OPIOID	OS .
/ BICYCLE OF	NLY												7 - 0TH		ITC
77 - UTHER / UNK	MINAMI												8 - NE(GATIVE RESU	ri 2

OF PUBLIC	C SAFETY	CCUPANT /	VVITNE	SS ADDENDUM	Л		2023	3 - 0 0	0 0 4	5 8	8	
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER	
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHON	E - INCLUDE AREA CO	DE			
								1 1	1 1		1	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIAN		AIR BAG USAGE	EJECTION	TRAPPED	
ш												
UNIT #	NAME: LAS	T, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER	
السا									ا لــــــــــــــــــــــــــــــــــــ			
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHON	E - INCLUDE AREA CO	DE I	1 1	- 1	
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT C	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	TAKEN BY					USED	MC HELMET					
UNIT#	NAME: LAS	T, FIRST, MIDDLE		h-			DA	TE OF BIRTH	T	AGE	GENDER	
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHON	E - INCLUDE AREA CO	DE			
								Ĩ Î	1_1			
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIAN	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	TAKEN BY					USED	MC HELMET			1		
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER	
							1 1 1 1	1 1 1 1	r	, ,	,	
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHON	E - INCLUDE AREA CO	DE L			
									r		,	
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	TAKEN BY					USED	MC HELMET	T				
	INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE		
1 - FATA	240		1 - NONE US	The second secon	61 10000000	T - LEFT SIDE	La IL	1 - NOT DE	and the second			
2 - SUSP	PECTED SE	RIOUS INJURY	VEHICLE	OCCUPANT		ORCYCLE DRIV	ER)	2 - DEPLO	YED FRONT			
3 - SUSPECTED MINURINJURY			ER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SID			3 - DEPLOYED SIDE						
4 - POSS	IBLE INJU	IRY	a managaman	T ONLY USED		ND - LEFT SIDE		4 - DEPLO				
5 - NU APPARENT INJURY			ER & LAP BELT USED	(1110)10)10121110021								
	INJURED	TAKEN BY		ESTRAINT SYSTEM – D FACING		ND – MIDDLE ND – RIGHT SIC)F		PLICABLE			
The second secon				ESTRAINT SYSTEM -		D - LEFT SIDE		9 - DEPLOYMENT UNKNOWN				
			REAR FA			ORCYCLE SIDE	CAR)		EJECTI	ION		
T. (1985)			7 - BOOSTER	SEAT		D – MIDDLE D – RIGHT SIDE		1 - NOT EJ	ECTED			
3 - POLICE 8 - HELM		8 - HELMET	USED	10 - SLEEPER SECTION			OF TRUCK CAB 2 - PARTIAL			LLY EJECTED		
			TIVE PADS USED 11 - PASSENGER IN OTI			ER ENCLOSED	3 - TOTAL	LY EJECTED				
		en salvene	IVE CLOTHING		GO AREA (NON-TE PICK-UP WITH CAF		4 - NOT AF	4 - NOT APPLICABLE				
				G – PEDESTRIAN	12 - PASS	ENGER IN UNE			TRAPPE	ED		
			/ BICYCL			GO AREA LING UNIT		1 - NOTTR	APPED			
			99 - OTHER /	UNKNOWN		NG ON VEHICLE	EXTERIOR	2 - EXTRIG	CATED BY M	ECHANIC	CAL	
						TRAILING UNIT)		21 (1500)(400)	BY NON-ME	CHANIC	Δ1	
						MOTORIST ER/UNKNOWN		MEANS		JIIANIO)		
NAME: LAS	T, FIRST, MIDD	LE			., 01111		DA	TE OF BIRTH		AGE	GENDER	
		N ROBERT						6 / 1 9	9 0	3 2	М	
	STREET, CITY,							E - INCLUDE AREA CO				
2378 W	HIGH S	T NEWARK, OH 43	3056									
NAME: LAS	T, FIRST, MIDD	LE					DA	TE OF BIRTH	110	AGE	GENDER	
										1 1		
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHON	E - INCLUDE AREA CO	DE			
							<u>i i ï</u>	<u>ř</u>	<u>i i i</u>	<u> </u>	î	
NAME: LAS	T, FIRST, MIDD	LE					DA	TE OF BIRTH		AGE	GENDER	
									البيا			
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHON	E - INCLUDE AREA CO	DE			
/ 0055 OU	D 4/40 [760 :	15001								5.05	055	