OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	RAFFIC CR	1.00	PORT *DENOT	ES MANDATORY FI	ELD FOR SUPPLE	MENT REPORT	2023-	OCAL REPORT I						
PHOTOS TAKEN  OH-2 X OH-3 LOCAL INFORMATION  OH-1P OTHER REPORTING AGENCY NAME* NCIC*								HIT/SKIP NUMBER OF UNITS UNIT IN ERROR						
SECONDARY CRASH		0	4 5 0 7	1 - SOLVED	0.2		1 98 - ANIMAL 199 - UNKNOWN							
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*								CRASH DATE / TIME* CRASH SEVERITY						
45 1 2-VILLAGE HEATH								05252023, 1712, 3 1- FATAL 2-SERIOUS INJURY						
ROUTE TYPE ROUTE N	ROAD TYPE	2 MINOD IN HIDY												
						D R	39,993			SUSPECTED				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 2 - SOUTH RIGGELY TRACE  4 - WEST  RIGGELY TRACE  RIGGELY TRACE  RIGGELY TRACE						ROAD TYPE	LONGITUDE D			INJURY POSSIBLE PROPERTY DAMAGE				
	<del>                                     </del>		dgely Tract			RD		260		ONLY				
REFERENCE POINT  1 - INTERSECTION	DIRECTION FROM REFERENCE 1 - NORTI	H IR - INTE	ROUTE TYPE ERSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE HW - HIGHWAY	RD - ROAD	_	INTERSECTION RSECTION OR ON		1				
2 - MILE POST 3 - HOUSE #	2 - SOUTI 	03-120	ERAL US ROUTE	AV - AVENUE	LA - LANE	SQ - SQUARE	■ 3 J WITHIN INTERCHANGE AREA NUMBER OF APPROACH							
DISTANCE	4-WEST SR-STATE ROUTE CRCIRCLE OVOVAL TFTERRACE								WITHIN INTERCHANGE AREA NUMBER OF APPROACHES  ROADWAY					
FROM REFERENCE	UNIT OF MEASURE 1 - MILES	TR - NUM	IBERED TOWNSHIP	DR - DRIVE	PK - PARKWAY PI - PIKE	TL - TRAIL WA - WAY								
	2 - FEET 3 - YARDS	ROU	IE.	HE - HEIGHTS	PL - PLACE		ROADWAY DI	,1DED						
LOCATIO 1 - ON ROADW	ON OF FIRST HARMF	UL EVENT OSSOVER		MANNER OF CRAS			DIRECTION OF TRAVE	1921	MEDIAN	C001-001-001 70-404				
0 1 2-0N SHOULD	DER 10-DF	RIVEWAY/ALLE	EY ACCESS 6	BETWEEN :	5 - BACKING	X	1 - NORTH 2 - SOUTH		DIVIDED FLUSH MEDIAN ( <4 FEET )					
3 - IN MEDIAN 4 - ON ROADSI	DE 12-SH	AILWAY GRADE IARED USE PA	AL THE ACCOUNTS THE PROPERTY.	VEHICLES IN	6 - ANGLE 7 - SIDESWIPE, S	AME DIRECTION	3 - EAST 2 - DIVIDED FLUSH MI DIRECTION 4 - WEST 2 - DIVIDED FLUSH MI (≥4 FEET)							
5 - ON GORE 6 - OUTSIDE T	10 01	RAILS KE LANE	l l		8 - SIDESWIPE, 0 9 - OTHER / UNKN			EPRESSED MEDIAN AISED MEDIAN						
7 - ON RAMP	14-T0	LL BOOTH HER/UNKNO					(ANY TYPE) 9 - OTHER/UNKNOW							
8 - OFF RAMP			ORK ZONE TYPE	LOCATIO	ON OF CRASH IN	NORK ZONE	CONTOUR	CONDITIO	NS	SURFACE				
WORK ZONE RELA		1 - LANE	E CLOSURE		- BEFORE THE 1S	T WORK ZONE	, 1	, 1	ì	2				
WORKERS PRESE		, 3-WOR	E SHIFT/CROSSOVER K ON SHOULDER	- Sec. 199					1 - CONCRETE					
LAW ENFORCEME	NI PRESENT L		EDIAN RMITTENT OR MOVING		- TRANSITION AR - ACTIVITY AREA	IVITY AREA				2 - BLACKTOP, BITUMINOUS,				
ACTIVE SCHOOL Z	ONE	5 - OTHE	ER	5	- TERMINATION A	AREA	A 3 - CURVE LEVEL 3 - SNOW			ASPHALT				
LIGHT	CONDITION		w	EATHER			9 - OTHER/UNKNOWN	5 - SAND, MUD, I		3 - BRICK/BLOCK 4 - SLAG, GRAVEL,				
1 - DAYLIGHT 2 - DAWN/DUSH	<	0	1 - CLEAR ) <b>1</b> 2 - CLOUDY	6 - SNOW 7 - SEVERE	CROSSWINDS		OIL, GRAVEL STONI  6 - WATER (STANDING, 5 - DIRT			STONE				
3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWI						ND, SOIL, DIRT, SNOW   MOVING)			9 - OTHER/UNKNOWN					
5 - DARK – UNK	KNOWN ROADWAY L		5 - SLEET, HAIL		9 - OTHER/UNKN	IOWN								
9-OTHER/UN	KNUWN								٨					
NARRATIVE Unit 2 was no	orthbound	on Thor	nwood Dr.							Indicate the north direction with an "N" on the				
approaching			•	ract Rd.	=		ScenePD ™ - Evaluation Edition		~ \p	compass diagram.				
Unit 1 was st	topped on F	Ridgely <sup>*</sup>	Tract Rd at a	stop		Evaluation	Evaluation Edition			1=				
sign, then tu		-	_	-	Evaluation Edition	aluation		Evaluation Edition	valuation Edition					
way to Unit 2	2. Unit 2 sti	uck Uni	it 1 within th	<b>e</b>		Evaluation	Evaluation Eviting Evaluation Unit 1 Un							
intersection.					Evaluation Edition	ے ا	+-0		valuation Edition					
					Evaluation Edition	Thorn granten	on Edition							
						Thorr	A Ridge	Evaluation Edition  Tract Rd	valuation Edition					
					Evaluation Edition	Evaluation Edition	n Eastion		valuation Edition					
						Evaluation	Evaluation Evaluation Edition	Evaluation Edition						
	Evaluation Edition	Not	To Scale Evaluation Edition	valuation Edition										
	Evaluation	Evaluation Edition	Edition	_										
					Evaluation Edition		Trancite (877) 908-4777							
CRASH REPORTED	ALL CONTRACTOR OF THE PROPERTY		ATCH DATE / TIME		RIVAL DATE / TIM		SCENE CLEARED		N/I	PORT TAKEN BY POLICE AGENCY				
0,5,2,5,2,0,2,3	1,71,2 OTHER	0 5 2 5 2	0 2 3 1 7 1 officer's name*	3 0525	2023		5252023	1810	1 =	MOTORIST				
TOTAL TIME ROADWAY CLOSED INV		CHECKED BY OFFI Smart	CER'S NAME*			SUPPLEMENT								
		F 3		'S BADGE NUMBER		0 CHECKED 7	BY OFFICER'S BADGE I	NUMBER*		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				
5 2 (	<b>D</b>	5 2	0 7	- 1 1	5 5	<b>'</b>		5 0						

54 - OTHER FIXED OBJECT

99 - OTHER / LINKNOWN

POSTED SPEED

3

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

1 29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

1

36 - MEDIAN OTHER BARRIER

41 - OTHER POST, POLE

OR SUPPORT

■ MOST HARMFUL EVENT

48 - TREE

49 - FIRE HYDRANT

3 - UNDETERMINED

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

4

OHIO DE	OHIO DEPARTMENT MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST							2 0 2 3 - 0 0 0 0 5 9 1 7						
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE	GENDER	
01	PRITCHARD, NANCY CAROL							1 0 / 2 8 / 1 9 5			7 2	F		
ADDRESS:	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: 4102 BI INJURIES OL STATE OL H	LACKS RD	ACKS RD S HEBRON, OH 43025												
INJURIES	INJURED I						(NAME, CITY)	SAFETY EQUIPMENT	<b>ПОТ-С</b> ом	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED	
3	lav a	West Licking Joint F	D	Mt Ca	armel	East		0 4	MC HEL		3	_1	_2	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATIO	N NUMBER		
O H							331.19	331.19			8			
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2			DRIVER ALCOHOL / DRUG SUSF			CONDITION	ALC(	DHOL TEST PE VALUE		RUG TEST(S YPE   RESULT	SELECT UP TO 4		
. 4	ļ		BY	1	=	LCOHOL   MAF THER DRUG	RIJUANA	1	1 1		1	L		
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
0 2		KEVIN LEWIS							0 4 /		9 .8 .4	3 9	M	
	: STREET, CITY, STA									PHONE - INCLUDE AREA O				
ADDRESS: 1100 T	HORNWOO	DD DR 403 HEATH, O	H 4305	6										
o ₹ INJURIES	INJURED I	EMS AGENCY (NAME)		_	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	SEATING POSITION		N AIR BAG USAGE EJECTION TRAPPED			
2 2 5	TAKEN BY			THORIES PARENTS. HEBSONE PROJECT CHANG, 51177			USED 0 4	DOT-COMPLIANT 0 1			1	1		
	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL			OFFENSE DESC	SE DESCRIPTION			CITATION NUMBER			
OL STATE OL OL CLASS				331.19 CODE			331.19	331.19			215958			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	UP TO 3 DRI				CTED	CONDITION	ALCO STATUS TY	DHOLTEST PE VALUE	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
4	3ELEGI 0F 102		BY	_	=		RIJUANA	1		VALUE		L	SELECT OF 104	
				1	0	THER DRUG			1 1		ب است	<u> </u>	<u> </u>	
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
ADDDESS	OTREET OFFWAT	ATE 7/2						CONTACT DHONE WOULD						
ADDRESS: STREET, CITY, STATE, ZIP  CONT  INJURIES INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT USED  M  O  M								CONTACT P	CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED I	EMS AGENCY (NAME)		INJUDED	TAKENTO	: MEDICAL FACILITY	WARE OUT	CAFETY FAIITDMENT		SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED	
NJURIES NO	TAKEN BY	EMS AGENCT (NAME)		INJUKED	IAKENTO	. WEDICAL PACILITY	(NAME, GITY)	USED	DOT-COM	IPLIANT	M AIR BAG US	AGE EJECTION	IRAPPED	
				OFFENSE CHARGED LOCAL			OFFENSE DESC	RIPTION		CITATION NUMBER				
OL STATE					CODE									
OL CLASS	S ENDORSEMENT RESTRICTION SELECT UP TO 3		UPTO 3 DRI	DRIVER ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
	SELECT UP TO 2		BY	TRACTED		LCOHOL MAF	RIJUANA		STATUS	YALUE	STATUS   T	TPE RESUL	SELECT UP TO 4	
					0	THER DRUG								
1 - FATAL	JRIES	SEATING POSITION  1-FRONT-LEFT SIDE	1 - NOT DEP	LOYED		OL CLASS 1 - CLASS A	<b>S</b>	OL RESTRIC 1-ALCOHOL INTER	and the second second by	1-NOT DISTRACTED		TEST STA NONE GIVEN	TUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERATIN	G AN 2	TEST REFUSED		
3 - SUSPECTED 4 - POSSIBLE IN	MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE		NT / CIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEXTING, TY		TEST GIVEN, CON SAMPLE / UNUSA		
5 - NO APPAREN		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER) 5 - NOT APP			PLICABLE (OHIO = D)				DIALI		TALKING ON HANDS-FREE		ULTS KNOWN	
INIUDED	E CECOND MIDDLE		9 - DEPLOYI	DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY 6 - NO VALID OL				6 - EXCEPT CLASS . & CLASS B BUS	A	COMMUNICATION DEV	CATION DEVICE 5 - TEST GIVEN, RESULTS			
	1 - NOTTRANSPORTED 6 - SECOND - RIGHT SIDE			7 - EXCEPT TRACT				R-TRAILER	4 - TALKING ON HAND-HE COMMUNICATION DEV	ALCOHOL TEST TYPE				
/TREATED A	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)		JECTION		OL ENDORSE	MENT	8 - INTERMEDIATE	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	I AN	NONE	31 111 5	
3 - POLICE	2 - EWO MINDLE		1 - NOT EJECTED H - HAZMAT 2 - PARTIALLY EJECTED M - MOTORCYCLE				, centrell or entire		6 - PASSENGER		2 - BLOOD			
9 - OTHER / UNK	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE		3-TOTALLY EJECTED P-PASSENGER						7 - OTHER DISTRACTION INSIDE THE VEHICLE					
SAFETY E	10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APP	4 - NOT APPLICABLE N - TANKER			10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 8		8 - OTHER DISTRACTION OUTSIDE					
1 - NONE USED	11 DACCENCED IN OTHER			RAPPED R-THREE-WHEEL MOTORCYCLE 12			12 - LIMITED - OTHER		THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TEST TYPE			
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - N		1 - NOT TRA	ICATED DV			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND				1 - NONE			
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED	TED BY T - DOUBLE & TRIPLE TRAILERS ICAL MEANS X - TANKER / HAZMAT			CONTROLS, OR O	THER CONDITION			2 - BL00D				
5 - CHILD REST FORWARD FA	RAINT SYSTEM -	M _ CARGO AREA 3 - FREED B			Y X - FANKER / HAZMAT CHANICAL MEANS			14 - MILITARY VEHICLES ONLY		2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER		
6 - CHILD REST	RAINT SYSTEM –	_ 14 - RIDING ON VEHICLE EXTERIOR					15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		DRUG TEST RESULT(S)			
REAR FACIN		(NON-TRAILING UNIT)  15 - NON-MOTORIST						16 - OUTSIDE MIRROR		4- ILLNESS		1 - AMPHETAMINES		
7 - BOOSTER SE 8 - HELMET US		99 - OTHER / UNKNOWN				17 - PROSTHET			)	5 - FELL ASLEEP, FAINTED FATIGUED, ETC.		2 - BARBITURATES		
9 - PROTECTIVE	9 - PROTECTIVE PADS USED					18 - OTHER			6- UNDER THE INFLUENC					
	(ELBOW, KNEES, ETC.)  10 - REFLECTIVE CLOTHING								OF MEDICATIONS / DRU / ALCOHOL	NS / DRUGS 5 - COCAINE				
11 - LIGHTING -	11 - LIGHTING - PEDESTRIAN								9- OTHER / UNKNOWN		6 - OPIATES / OPIOIDS			
/ BICYCLE ONLY 99 - OTHER / UNKNOWN												OTHER NEGATIVE RESU	LTS	

OHIO DEPARTMENT OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM							2023		ORT NUMBER	9 1	7				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE	DATE OF BIRTH AGE GEND											
LN	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN									1 1	1 1		1 1			
8	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
	í I														
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
9	INJURIES INJURED EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILIT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
		TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED  L			MC HELMET							
	UNIT #	T # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE						
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
900	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY E				SEATING POSITION	ATD BAC HSAGE	FIECTION	TDADDED			
	TAKEN BY  TAKEN				INSURED TAKEN TO. MEDICAL PACIETY	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	J. I I I	AIN DAG OSAGE	LSEGIION	IKAITED				
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
	f 1														
PANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN															
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
₽			JRIES	CAFETY	Y EQUIPMENT USED		SEATING POS			AIR BAG U	CACE				
	1 - FATA		MILG	1 - NONE US			IT – LEFT SIDE	ITION	1 - NOT DE		JAGE				
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 4 - SHOULDE 4 - SHOULDE			E OCCUPANT (MOTORCYCLE DRI ER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SI			ER)	2 - DEPLO	YED FRONT						
							Ξ.	3 - DEPLOYED SIDE							
				ER & LAP BELT USED		ND – LEFT SID		4 - DEPLOYED BOTH FRONT/SIDE							
	5 - NU APPARENT INJURY			ESTRAINT SYSTEM – 5 - SECOND – MIDDLE			LINGEIN)	PLICABLE							
				D FACING ESTRAINT SYSTEM –	DE 9 - DEPLOYMENT UNKNOWN										
				REAR FA		CAR) EJECTION									
	2 - EMS 7 - B00STE			7 - BOOSTER	RSEAT		ECTED								
	3 - POLICE 8 - HELMET					D – RIGHT SIDE PER SECTION (			LLY EJECT						
			TIVE PADS USED KNEES, ETC.)		ENGER IN OTH O AREA (NON-T			LY EJECTED PLICABLE							
10 - REFLECT				TIVE CLOTHING		PICK-UP WITH CA ENGER IN UNE		4- NOT AF	TRAPPI	FN					
11 - LIGHTIN / BICYCL				G – PEDESTRIAN E ONLY	INCLUSED	1 - NOTTR									
	99 - OTHER / UI						LING UNIT NG ON VEHICLE	2 - EXTRICATED BY MECHANIC MEANS							
						(NON-TRAILING UNIT)				S By Non-Me	CHANIC	٨١			
							MOTORIST ER/UNKNOWN		MEANS		CHANIC	AL			
60	NAME: LA	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS		ON, MARY						0 4 / 1			4  2	F			
ΜĬ		: STREET, CITY,	STATE, ZIP  D SW HEBRON, OF	1 43025				CONTACT PHONE		DE DE					
2		ST, FIRST, MIDD		50_5				DAT	E OF BIRTH		AGE	GENDER			
NESS		IDE, PAU						1 1 / 3			6 4	M			
BURNSIDE, PAUL ARLEN  ADDRESS: STREET, CITY, STATE, ZIP  10 S 28TH ST NEWARK, OH 43055							CONTACT PHONE - INCLUDE AREA CODE								
S	NAME: LA	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
IM	WDDKE22	. SIREEI, CITY,	SIMIE, ZIF					CONTACT PRONE	- INCLUDE AREA CO	1 1					