| OFF PUBLIC SAFETY TRAFFIC CRASH                                         |                                             | NDATORY FIELD FOR SUPPLE                                                      | MENT REPORT                                                                       |                                                    | OCAL REPORT NUMB                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| PHOTOS TAKEN OH-2 OH-3                                                  | LOCAL INFORMATION                           |                                                                               | 2023-                                                                             | 0000                                               | 8163                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| OH-1P OTHER                                                             | REPORTING AGENCY NAME*  Heath PD            | NCIC*<br>4 5 0 7                                                              | HIT/SKIP 1 - SOLVED L                                                             | NUMBER OF UNITS  0 1                               | UNIT IN ERROR  98 - ANIMAL 99 - UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| I I-CITY                                                                | , VILLAGE, TOWNSHIP*                        |                                                                               |                                                                                   | CRASH DATE / 1                                     | rime* (                                 | CRASH SEVERITY  1 - FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
| 4 5 1 2-VILLAGE HEATH                                                   | ROAD TYPE                                   | 07212023 0047  LATITUDE DECIMAL DEGREES  5 1-FATAL 2-SERIOUS INJURY SUSPECTED |                                                                                   |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| ROUTE TYPE ROUTE NUMBER PREFIX 1- NORTH 2-SOUTH 2-SOUTH 3 3-EAST A WEST | LOCATION ROAD NAME                          |                                                                               | D R                                                                               | 4.0.0.1.E.6.6.6 3-MINOR INJURY                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                         | IRVING WICK REFERENCE ROAD NAME (ROAD, I    | MILEPOST. HOUSE #)                                                            | ROAD TYPE                                                                         |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 2 - SOUTH                                                               | IRVING WICK DR                              | <b>E</b>                                                                      | 1 6 1                                                                             | -82,045550 5-PROPERTY DA                           |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| REFERENCE POINT DIRECTION FROM REFERENCE                                | ROUTE TYPE                                  | ROAD TYPE - ALLEY HW- HIGHWAY                                                 |                                                                                   | INTERSECTION RELATED                               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 1-INTERSECTION 1-NORTH IR -                                             | INTERSTATE ROUTE(TP) AL FEDERAL US ROUTE AV | RD - ROAD<br>SQ - SQUARE                                                      | WITHIN INTERSECTION OR ON APPROACH                                                |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 3- HOUSE #   3- EAS1                                                    | STATE ROUTE BL                              | ST - STREET                                                                   | WITHIN INTERCHANGE AREA NUMBER OF APPROACHES                                      |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| FROM REFERENCE UNIT OF MEASURE                                          | NUMBERED COUNTY ROUTE CR CT                 | TE - TERRACE<br>TL - TRAIL                                                    | ROADWAY                                                                           |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 2 0 0 TR-<br>2 3-YARDS                                                  | ROUTE                                       | - DRIVE PI - PIKE<br>- HEIGHTS PL - PLACE                                     | WA - WAY                                                                          | ROADWAY DIVIDED                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| LOCATION OF FIRST HARMFUL EVEN                                          |                                             | NER OF CRASH COLLISION/IMI                                                    |                                                                                   | DIRECTION OF TRAVE                                 | L MEC                                   | DIAN TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
| 1 - ON ROADWAY 9 - CROSSOVER  1 - ON SHOULDER 10 - DRIVEWAY             | MILEVACCESS BETV                            | COLLISION 4-REAR-TO-REAF<br>WEEN 5-BACKING<br>MOTOR                           | ₹.                                                                                | 1 - NORTH<br>, 2 - SOUTH                           |                                         | - DIVIDED FLUSH MEDIAN<br>( <4 FEET )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| 3 - IN MEDIAN 11-RAILWAY G<br>4 - ON ROADSIDE 12-SHARED US              | RADE CROSSING   VEHI                        | ICLES IN 6-ANGLE                                                              | ME DIRECTION                                                                      | 2 - DIVIDE<br>(≥4 FE                               | D FLUSH MEDIAN<br>ET )                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 5 - ON GORE TRAILS                                                      | 2 - REAF                                    | R-END 8 - SIDESWIPE, OF                                                       | - SIDESWIPE, OPPOSITE DIRECTION 4-WEST 3 - DIVIDED, DEPRES                        |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 7 - ON RAMP 14-TOLL BOOT                                                | · · · · · · · · · · · · · · · · · · ·       | D-ON 9-OTHER/UNKN                                                             | OWN                                                                               |                                                    | (ANY T                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 8-OFFRAMP 99-OTHER/UN                                                   |                                             |                                                                               |                                                                                   |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| WORK ZONE RELATED 1-                                                    | WORK ZONE TYPE<br>LANE CLOSURE              | LOCATION OF CRASH IN V<br>1 - BEFORE THE 1S                                   |                                                                                   | CONTOUR<br>1                                       | conditions 2                            | SURFACE 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
| l 3                                                                     | LANE SHIFT/CROSSOVER                        | WARNING SIGN<br>2 - ADVANCE WARN                                              |                                                                                   |                                                    |                                         | 1 - CONCRETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |
| LAW ENFORCEMENT PRESENT                                                 | WORK ON SHOULDER<br>OR MEDIAN               | 3-TRANSITION AR                                                               | RANSITION AREA 2 - STRAIGHT GRADE 2 - WET 2 - B                                   |                                                    |                                         | 2 - BLACKTOP,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |
|                                                                         | INTERMITTENT OR MOVING WORK<br>OTHER        | 4 - ACTIVITY AREA<br>5 - TERMINATION A                                        | REA                                                                               | 3 - CURVE LEVEL                                    | 3 - SNOW                                | BITUMINOUS,<br>ASPHALT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| LIGHT CONDITION                                                         | WEATHE                                      | ER                                                                            |                                                                                   | 4 - CURVE GRADE<br>9 - OTHER/UNKNOWN               | 4 - ICE<br>5 - SAND, MUD, DIRT,         | 3 - BRICK/BLOCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 1 - DAYLIGHT                                                            | 1 - CLEAR                                   | 6 - SNOW                                                                      |                                                                                   | ) and a second second                              | OIL, GRAVEL                             | 4 - SLAG, GRAVEL,<br>STONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
| 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY                                | 2 - CLOUDY<br>3 - FOG, SMOG, SMOKE          | 7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DII                          | SAND, SOIL, DIRT, SNOW MOVING)                                                    |                                                    |                                         | ואוט-כן                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |
| 4 - DARK — ROADWAY NOT LIGHTED<br>5 - DARK — UNKNOWN ROADWAY LIGHTING   | 4 - RAIN<br>5 - SLEET, HAIL                 | 9 - FREEZING RAIN OR FREE<br>99 - OTHER / UNKNOWN                             | INICNOVIN                                                                         |                                                    |                                         | - SLUSH 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
| 9-OTHER/UNKNOWN                                                         |                                             |                                                                               |                                                                                   |                                                    | 9 - UI HERZUNKNUWN                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| NARRATIVE                                                               |                                             |                                                                               |                                                                                   |                                                    |                                         | Indicate the north                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
| Unit 1 was traveling west on<br>struck part of a tree that was          | _                                           |                                                                               |                                                                                   |                                                    | A                                       | an "N" on the compass diagram.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| damage to the driver side from                                          | •                                           | - 1                                                                           |                                                                                   | ScenePD ™ - Evaluation Edition  Evaluation Edition |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| damage to the driver side in                                            | one wheel and bump                          |                                                                               | Evaluation<br>Evaluation Edition                                                  |                                                    | Contraction                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                         |                                             |                                                                               | Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition       |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                         |                                             | Evaluation Edition                                                            | Evaluation Edition                                                                |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                         |                                             |                                                                               | Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition    |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                         |                                             | Evaluation Edition                                                            | valuation Edition                                                                 |                                                    | S Evaluation Edition                    | n C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
|                                                                         |                                             |                                                                               | Evaluation Edition  Evaluation Edition  Evaluation Edition                        |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                         |                                             | Evaluation Edition                                                            | Evaluation Edition   Evaluation Edition   Evaluation Edition   Evaluation Edition |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                         |                                             | Evaluation Edition                                                            | Evaluation Edition  Evaluation Edition                                            |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                         |                                             |                                                                               | Evaluation Edition                                                                | Evaluation Edition Edition                         | Edition                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                         |                                             | Evaluation<br>Evaluation Edition                                              | Edition                                                                           |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| CRASH REPORTED DATE / TIME                                              | DISPATCH DATE / TIME                        | ARRIVAL DATE / TIN                                                            | IE                                                                                | SCENE CLEARED                                      | DATE / TIME                             | REPORT TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 07212023 0047 072                                                       | 12023 0050                                  | 07212023                                                                      | 0 0 5 2 0                                                                         | 7212023                                            | 0110                                    | POLICE AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |
| TOTAL TIME OTHER TOTA                                                   | L OFFICER'S NAME*                           | T                                                                             | CHECKED BY OFFI                                                                   |                                                    | <u> </u>                                | MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |
| ROADWAY CLOSED INVESTIGATION TIME MINUT                                 | BY OFFICER'S BADGE N                        | IIIMDED*                                                                      | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO GDPS)            |                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 0 2 0 4 3                                                               | O 7 -                                       | 1 3 5                                                                         | 0 7 7                                                                             | - 1                                                | 4 7                                     | A SECTION OF A SEC |  |  |  |  |

| OHIO DEI<br>OF PUBLI<br>SAFETY - SERV  | OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST                                   |                                     |                                             |                                                            |                                                           | 2 0 2                                     | . 3 - 0 0                                                                    | O O                                  | ER 1 6                                                            | 3                                                          |                       |                                 |                  |  |
|----------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------|-----------------------|---------------------------------|------------------|--|
| UNIT #                                 |                                                                                            |                                     |                                             |                                                            |                                                           |                                           |                                                                              | DATE OF BIRTH                        |                                                                   | AGE                                                        | GENDER                |                                 |                  |  |
| 01                                     | HUMPHREY, PAULA JEAN                                                                       |                                     |                                             |                                                            |                                                           |                                           |                                                                              |                                      | 0 2 /                                                             | 2 4 / 1 9                                                  | 9 5 9                 | 6 4                             | F                |  |
| ADDRESS:                               |                                                                                            |                                     |                                             |                                                            |                                                           |                                           |                                                                              |                                      |                                                                   | HONE - INCLUDE AREA                                        | CODE                  |                                 |                  |  |
| ADDRESS:                               | HRLE AVE                                                                                   | <b>NEWARK, OH 4305</b> 5            | 5                                           |                                                            |                                                           |                                           |                                                                              |                                      |                                                                   |                                                            |                       |                                 |                  |  |
| INJURIES                               |                                                                                            |                                     |                                             |                                                            |                                                           |                                           | SAFETY EQUIPMENT                                                             | <b>ПОТ-С</b> ом                      | SEATING POSITIO                                                   | IN AIR BAG US                                              | AGE EJECTION          | TRAPPED                         |                  |  |
|                                        | BY                                                                                         |                                     |                                             |                                                            | USED                                                      |                                           |                                                                              | ☐MC HEL                              |                                                                   | _                                                          | _                     |                                 |                  |  |
| OL STATE                               | OPERATOR LICENSE NUMBER OFFEN                                                              |                                     |                                             | OFFEN                                                      | ISE CHARGED LOCAL OFFENSE DESC                            |                                           | RIPTION                                                                      |                                      | CITATIO                                                           | CITATION NUMBER                                            |                       |                                 |                  |  |
| OL STATE                               | RJ084771                                                                                   |                                     |                                             |                                                            |                                                           |                                           |                                                                              |                                      |                                                                   |                                                            |                       |                                 |                  |  |
| OL CLASS                               | ENDORSEMENT<br>SELECT UP TO 2                                                              | RESTRICTION SELECT                  | DIS.                                        | VER<br>Tracted                                             | _                                                         | OHOL / DRUG SUSPI                         |                                                                              | CONDITION                            | STATUS TY                                                         | DHOLTEST<br>PE VALUE                                       |                       | RUG TEST(S<br>YPE   RESUL       | T SELECT UP TO 4 |  |
| . 4                                    | ļ                                                                                          |                                     | BY                                          | 1                                                          | =                                                         | LCOHOL   MAI<br>THER DRUG                 | RIJUANA                                                                      | ļ                                    | ļl.                                                               |                                                            |                       |                                 |                  |  |
| UNIT #                                 | NAME: LAST. F                                                                              | : LAST, FIRST, MIDDLE               |                                             |                                                            |                                                           | OTHER BROS                                |                                                                              |                                      |                                                                   | DATE OF BIRTH                                              |                       | AGE                             | GENDER           |  |
| J                                      | NAME: LASI, FIRSI, MIDDLE                                                                  |                                     |                                             |                                                            |                                                           |                                           |                                                                              | l                                    |                                                                   |                                                            |                       |                                 |                  |  |
| ADDRESS:                               | STREET, CITY, ST                                                                           | ATE, ZIP                            |                                             |                                                            |                                                           |                                           |                                                                              |                                      | CONTACT P                                                         | PHONE - INCLUDE AREA                                       | CODE                  |                                 |                  |  |
| ADDRESS:  ADDRESS:  INJURIES  OL STATE |                                                                                            |                                     |                                             |                                                            |                                                           |                                           |                                                                              |                                      |                                                                   |                                                            |                       |                                 |                  |  |
| o<br>P Injuries                        |                                                                                            | EMS AGENCY (NAME)                   |                                             | INJURED                                                    | TAKEN TO                                                  | : MEDICAL FACILITY                        | (NAME, CITY)                                                                 | SAFETY EQUIPMENT                     | 207.0                                                             | SEATING POSITIO                                            | IN AIR BAG US         | AGE EJECTION                    | TRAPPED          |  |
| NON .                                  | TAKEN<br>BY                                                                                |                                     |                                             |                                                            |                                                           |                                           |                                                                              | USED                                 | DOT-COM                                                           |                                                            | . .                   |                                 |                  |  |
| OL STATE                               | OPERATOR L                                                                                 | ICENSE NUMBER                       |                                             | OFFEN                                                      | SE CHAI                                                   | RGED                                      | LOCAL                                                                        | OFFENSE DESC                         | RIPTION                                                           |                                                            | CITATIO               | CITATION NUMBER                 |                  |  |
|                                        |                                                                                            |                                     |                                             |                                                            |                                                           |                                           | CODE                                                                         |                                      |                                                                   |                                                            |                       |                                 |                  |  |
| OL CLASS                               | ENDORSEMENT<br>SELECT UP TO 2                                                              | RESTRICTION SELECT                  | UP TO 3 DRI                                 | VER<br>Tracted                                             | ALC                                                       | OHOL / DRUG SUSPI                         | ECTED                                                                        | CONDITION                            | ALC(                                                              | DHOLTEST<br>PE VALUE                                       |                       | RUG TEST(S                      | T SELECT UP TO 4 |  |
|                                        | 522201 01 102                                                                              |                                     | BY                                          | IRACIED                                                    | =                                                         |                                           | RIJUANA                                                                      |                                      | STATES THE                                                        | TALUE                                                      | oraree .              | TI KESSE                        | . 522201 01 10 4 |  |
|                                        |                                                                                            |                                     |                                             |                                                            | 0                                                         | THER DRUG                                 |                                                                              |                                      |                                                                   |                                                            |                       |                                 | <u> </u>         |  |
| UNIT#                                  | NAME: LAST, F                                                                              | TRST, MIDDLE                        |                                             |                                                            |                                                           |                                           |                                                                              |                                      |                                                                   | DATE OF BIRTH                                              |                       | AGE                             | GENDER           |  |
| - ADDDESS                              | - CTREET OUTVIET                                                                           | ATE 710                             |                                             |                                                            |                                                           |                                           |                                                                              |                                      | L L L                                                             | <u> </u>                                                   |                       |                                 |                  |  |
| SISO ADDRESS:                          | STREET, CITY, ST                                                                           | ATE, ZIP                            |                                             |                                                            |                                                           |                                           |                                                                              |                                      | CONTACT P                                                         | PHONE - INCLUDE AREA (                                     | CODE                  |                                 |                  |  |
| S INJURIES                             | INJURED I                                                                                  | EMS AGENCY (NAME)                   |                                             | IN HIBED                                                   | TAKENTO                                                   | : MEDICAL FACILITY                        | (NAME CITY)                                                                  | SAFETY FAILIDMENT                    |                                                                   | SEATING POSITIO                                            | IN AIR BAG US         | AGE EJECTION                    | TRAPPED          |  |
| ADDRESS:                               | TAKEN<br>BY                                                                                | EMS AGENOT (NAME)                   |                                             | INSURED                                                    | IAKENTO                                                   | . MEDIONE I NOILII I                      | (NAME, CITT)                                                                 | USED                                 | DOT-COM                                                           | IPLIANT                                                    | AIR BAG 03            | AGE ESECTION                    | INAFFED          |  |
|                                        | ATE OPERATOR LICENSE NUMBER                                                                |                                     |                                             | OFFENSE CHARGED LOCAL OFFENSE DES                          |                                                           |                                           | RIPTION                                                                      |                                      | CITATIO                                                           | N NUMBER                                                   |                       |                                 |                  |  |
| OL STATE                               |                                                                                            |                                     |                                             |                                                            |                                                           |                                           | CODE                                                                         |                                      |                                                                   |                                                            |                       |                                 |                  |  |
| OL CLASS                               | LASS ENDORSEMENT RESTRICTION SELECT UP TO 3 D                                              |                                     |                                             | VER<br>TRACTED                                             | ALC                                                       | OHOL / DRUG SUSPI                         | ECTED                                                                        | CONDITION                            | ALC(                                                              | DHOLTEST<br>PE VALUE                                       |                       | RUG TEST(S                      | T SELECT UP TO 4 |  |
|                                        | SELECT OF 10 2                                                                             |                                     | BY                                          | IKACIED                                                    | =                                                         | _                                         | RIJUANA                                                                      |                                      | STATUS TT                                                         | VALUE                                                      | STATUS                | TTE KESSE                       | 322201 07 10 4   |  |
|                                        |                                                                                            | CEATING DOCITION                    |                                             | ID DAG                                                     | 0                                                         | THER DRUG                                 | •                                                                            | OL DECEDIO                           | TION(C)                                                           |                                                            | Tron                  |                                 | TUC              |  |
| 1 - FATAL                              | IRIES                                                                                      | SEATING POSITION  1-FRONT-LEFT SIDE | 1 - NOT DEP                                 | IR BAG                                                     |                                                           | OL CLASS<br>1 - CLASS A                   | 5                                                                            | OL RESTRIC<br>1-ALCOHOL INTER        |                                                                   | 1 - NOT DISTRACTED                                         | accessor and the same | TEST STA<br>NONE GIVEN          | 1105             |  |
|                                        | SERIOUS INJURY                                                                             | (MOTORCYCLE DRIVER)                 | 2 - DEPLOY                                  |                                                            |                                                           |                                           | 2 - CDL INTRASTAT                                                            |                                      |                                                                   | MANUALLY OPERATING AN 2 - TE ELECTRONIC COMMUNICATION 2 TE |                       |                                 |                  |  |
| 3 - SUSPECTED<br>4 - POSSIBLE IN       | D MINOR INJURY 2 - FRONT - MIDDLE 3 - DEPLOY  1 - DEPLOY 3 - FRONT - RIGHT SIDE 4 - DEPLOY |                                     |                                             | ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS |                                                           | 3 - CORRECTIVE LENSES<br>4 - FARM WAIVER  |                                                                              | DEVICE (TEXTING, TYPING,<br>DIALING) |                                                                   | 3 - TEST GIVEN, CONTAMINATED<br>SAMPLE / UNUSABLE          |                       |                                 |                  |  |
|                                        | APPARENT INJURY  4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  5 - NOT APPLI              |                                     | LICABLE (OHIO = D)                          |                                                            |                                                           | 5 - EXCEPT CLASS A BUS 3 - TALKIN         |                                                                              | 3 - TALKING ON HANDS-F               |                                                                   |                                                            |                       |                                 |                  |  |
| INJURED                                | 5 SECOND MIDDLE 9-DEPLOYMENT UNKNOWN 5- WIC MOPED UNLY 6- EXCE                             |                                     |                                             |                                                            |                                                           | 6 - EXCEPT CLASS A<br>& CLASS B BUS       |                                                                              |                                      |                                                                   |                                                            |                       |                                 |                  |  |
| 1 - NOT TRANSP                         | ORTED 6 - SECOND - RIGHT SIDE 7 - EXCEPTT                                                  |                                     |                                             |                                                            |                                                           | 7 - EXCEPT TRACTO                         | R-TRAILER                                                                    | COMMUNICATION DEV                    | /ICE                                                              | LCOHOL TE                                                  | ST TYPE               |                                 |                  |  |
| 2 - EMS                                | AT SCENE 7 - THIRD - LEFT SIDE EJECTION (MOTORCYCLE SIDE CAR) 1 - NOT EJECTED              |                                     |                                             |                                                            | OL ENDORSEMENT  H - HAZMAT 8 - INTERMEDIATE  RESTRICTIONS |                                           |                                                                              |                                      |                                                                   | AN 1-NONE                                                  |                       |                                 |                  |  |
| 3 - POLICE                             | O TUIDD DICHT CIDE                                                                         |                                     |                                             |                                                            |                                                           | M - MOTORCYCLE 9 - LEARNER'S PER          |                                                                              |                                      |                                                                   |                                                            |                       | 2 - BLOOD<br>3 - URINE          |                  |  |
| 9 - OTHER / UNK                        | 3-TOTALLY 1  10-SLEEPER SECTION 4-NOT APPL                                                 |                                     | EJECTED F - FASSENGEN                       |                                                            |                                                           |                                           | RESTRICTIONS 7 - OTHER DISTRA<br>10 - LIMITED TO DAYLIGHT ONLY INSIDE THE VE |                                      | JIN                                                               |                                                            |                       |                                 |                  |  |
|                                        | FETY EQUIPMENT  OF TRUCK CAB  11. DASSENCED IN OTHER                                       |                                     |                                             |                                                            | Q - MOTOR SCOOTER                                         | MOTOR SCOOTER 11 - LIMITED TO EMI         |                                                                              |                                      | THE VEHICLE                                                       |                                                            | TSIDE 5-OTHER         |                                 |                  |  |
| 1 - NONE USED<br>2 - SHOULDER F        | ENCLOSED CARGO AREA                                                                        |                                     |                                             | R - THREE-WHEEL MC                                         | TORCYCLE                                                  | 12 - LIMITED - OTHE<br>13 - MECHANICAL DI | R 9_OTHER/UNKNOWN                                                            |                                      |                                                                   | DRUG TEST                                                  | TYPE                  |                                 |                  |  |
|                                        | - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA                                         |                                     | TED BY T - DOLIRI F & TRIPLET RALLERS CONTI |                                                            |                                                           | (SPECIAL BRAK                             | SPECIAL BRAKES, HAND CONTROLS, OR OTHER CONDITION                            |                                      |                                                                   | 1 - NONE<br>2 - BLOOD                                      |                       |                                 |                  |  |
|                                        | CARGO AREA 2 FDEE                                                                          |                                     | 3 - FREED B                                 | NICAL MEANS  X - TANKER / HA7MAT                           |                                                           |                                           | ADAPTIVE DEVICES) 1                                                          |                                      | 1 - APPARENTLY NORMAL 3 - URINE                                   |                                                            |                       |                                 |                  |  |
| FORWARD FA                             | FORWARD FACING 13 - TRAILING UNIT NON                                                      |                                     |                                             | CHANICAL MEANS                                             |                                                           |                                           |                                                                              |                                      | 2 - PHYSICAL IMPAIRMENT 4 - OTHER 3 - EMOTIONAL (E.G., DEPRESSED, |                                                            | OTHER                 |                                 |                  |  |
|                                        | 6 - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)           |                                     |                                             |                                                            |                                                           |                                           | AIR BRAKES                                                                   |                                      | ANGRY, DISTURBED)                                                 |                                                            | DRUG TEST RESULT(S)   |                                 |                  |  |
| 7 - BOOSTER SE                         | 7 - BOOSTER SEAT 15 - NON-MOTORIST                                                         |                                     |                                             |                                                            |                                                           |                                           |                                                                              |                                      | 4- ILLNESS<br>5- FELL ASLEEP, FAINTEI                             | 1 - AMPHETAMINES<br>FAINTED, 2 - BARBITURATES              |                       |                                 |                  |  |
|                                        | 8 - HELMET USED 99 - OTHER / UNKNOWN                                                       |                                     |                                             |                                                            |                                                           |                                           | 18 - OTHER FATIGUED, E                                                       |                                      | FATIGUED, ETC.                                                    | 3 - BENZODIAZEPINES                                        |                       |                                 |                  |  |
| (ELBOW, KN                             | 9 - PROTECTIVE PADS USED<br>(ELBOW, KNEES, ETC.)                                           |                                     |                                             |                                                            |                                                           |                                           | OF MEDIC                                                                     |                                      | 6- UNDER THE INFLUENCE<br>OF MEDICATIONS / DRI                    | S/DRUGS 4-CANNABINOIDS                                     |                       |                                 |                  |  |
| 10 - REFLECTIVE                        |                                                                                            |                                     |                                             |                                                            |                                                           |                                           |                                                                              |                                      |                                                                   | /ALCOHOL<br>9- OTHER/UNKNOWN                               |                       | · COCAINE<br>· OPIATES / OPIOII | OS .             |  |
| / BICYCLE Of                           | 11 - LIGHTING – PEDESTRIAN<br>/ BICYCLE ONLY                                               |                                     |                                             |                                                            |                                                           |                                           |                                                                              |                                      | 7- UI DEN / UIWANUWIN                                             |                                                            |                       | 7 - OTHER                       |                  |  |
| 99 - OTHER / UNK                       | KNOWN                                                                                      |                                     |                                             |                                                            |                                                           |                                           |                                                                              |                                      |                                                                   |                                                            | 8 -                   | NEGATIVE RESU                   | LTS              |  |