OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MANDATORY FIELD FOR SUPPLEMI	ENT REPORT	2023-	OCAL REPORT NUMBER	ı			
PHOTOS TAKEN OH-2 NOTHER								
SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME* Heath PD 0.4	NCIC*   <b>507</b>	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	2 98 - ANIMAL			
COUNTY* LOCALITY* LOCATION: CITY		CRASH DATE /		SH SEVERITY				
4 5 1 2-VILLAGE HEATH	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.9302023, 1152, 5 1- FATAL					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	LATITUDE DECIMAL DEGREES 2 - SERIOUS INJURY SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2 - SOUTH 3 - EAST 4 - WEST		T 6 1	40,038	<b>5 4 6</b> 3	MINOR INJURY SUSPECTED			
	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE	CIMAL DEGREES 4	INJURY POSSIBLE			
2 20027	HOPEWELL	D R	-82,403	4 <b>3 9</b> 5	PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION	ROUTE TYPE ROAD TYPE			INTERSECTION RELATED				
- 0 111 5 2007	ny menue y y y ne	D - ROAD Q - SQUARE	WITHIN INTE	RSECTION OR ON APPROA				
3- HOUSE # 3- EAST	STATE ROUTE  BL - BOULEVARD MP - MILEPOST S	T - STREET	WITHIN INTE	RCHANGE AREA NUM	4 BER OF APPROACHES			
	NUMBERED COUNTY ROLLTE CR - CIRCLE OV - OVAL T	E - TERRACE L - TRAIL	ROADWAY					
1-MILES TR- 2 2-FEET	NUMBERED TOWNSHIP DR - DRIVE PI - PIKE V	VA - WAY	ROADWAY DIVIDED					
3-YARDS	HE - HEIGHTS PL - PLACE							
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER		CT	DIRECTION OF TRAVE 1 - NORTH	VIII NIII NIII NIII NIII NIII NIII NIII	LUSH MEDIAN			
	VALLEY ACCESS RADE CROSSING  2  BETWEEN TWO MOTOR TWO MOTOR 6-ANGLE 6-ANGLE		)					
4 - ON ROADSIDE 12-SHARED US	SE PATHS OR TRANSPORT 7 - SIDESWIPE, SAME		3 - EAST 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)					
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR-END 8 - SIDESWIPE, 0PP0 3 - HEAD-ON 9 - OTHER / UNKNOV			DEPRESSED MEDIAN RAISED MEDIAN				
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER/UN	· · · · · · · · · · · · · · · · · · ·		(ANY TYPE) 9 - OTHER/UNKNOWN					
- OTT KAMIT	WORK ZONE TYPE LOCATION OF CRASH IN WO	DK 70NE	CONTOUR	CONDITIONS	SURFACE			
	LANE CLOSURE 1 - BEFORE THE 1ST V		2	. 1	2			
]	LANE SHIFT/CROSSOVER WARNING SIGN WORK ON SHOULDER 2-ADVANCE WARNIN	G AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
	OR MEDIAN  INTERMITTENT OR MOVING WORK  3 - TRANSITION AREA  4 - ACTIVITY AREA	e e	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS,			
	OTHER 5 - TERMINATION ARE	ĒΑ	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT			
LIGHT CONDITION	WEATHER		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,			
1 - DAYLIGHT <b>1</b> 2 - DAWN/DUSK	1 - CLEAR 6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING,	STONE			
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT,	SAND, SOIL, DIRT, SNOW MOVING			5 - DIRT 9 - OTHER/UNKNOWN			
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	4 - RAIN 9 - FREEZING RAIN OR FREEZI 5 - SLEET, HAIL 99 - OTHER / UNKNOWN	NG DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	2 di Heli di Kita Wil			
9-OTHER/UNKNOWN	VI NODELLE CONTRACTOR OF THE C			9 - OTTLINONKNOWN				
NARRATIVE				N N	Indicate the north direction with			
Unit 1 was traveling north or	<u> </u>				an "N" on the compass diagram.			
lane. Unit 1 was stopped for Dr. Unit 2 was traveling nor	• •		ScenePD ™ - Evaluation Edition					
turn lane behind Unit 1. Unit		Evaluation ation Edition	Expanation Edition					
1. Unit 2's foot slipped off th	• • • • • • • • • • • • • • • • • • • •		Evaluation	Evaluation Edition Evaluation Edition Edition				
moved forward and struck th	•	Evaluation ation Edition	n Editiod ₩, ₩,	Evaluation Edition				
			Evaluation Edition	Evaluation Edition				
	Evaluation Edition	ation Edition分 ⇔	Edition	& Evaluation Edition				
	-	HOPEWELL DR.	Evaluation Edition	Evaluation Edition Edition	,			
	Evaluation Edition	ation Edition	8 1 1 to	Evaluation Edition				
	2 5-1	Evaluation	Evaluation Evaluation	Edition				
	Evaluation Edition	m wellett	Evaluation	Not To Scale  Evaluation Edition  Evaluation Edition				
		Evaluation ation Edition	Evaluation Evaluation	EGREGE	2-			
	Evaluation Edition		† Trancite (877) 908-4777					
Total property and the state of	DISPATCH DATE / TIME ARRIVAL DATE / TIME	202	SCENE CLEARED	N N	POLICE AGENCY			
			9302023	1243	MOTORIST			
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT	ECKED BY OFFI <b>unt</b>	CER'S NAME*		SUPPLEMENT				
	OFFICER'S BADGE NUMBER*	CHECKED 7	BY OFFICER'S BADGE I	NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
brander a dere	, , 0 , 7 , - , 1 , 4 , 5 ,	0 7	- 1	<b>3</b> U				

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

3

99 - OTHER / LINKNOWN

3

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

OR SUPPORT

■ MOST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

1

49 - FIRE HYDRANT

OHIO D OF PUB SAFETY - SE	OHIO DEPARTMENT MOTORIST / NON-MOTORIST						2 0 2 3 - 0 0 0 1 0 9 8 2								
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GEN								
0 1	ALLEN, L				0 9 /	1 8 / 1 9	8 2	4 1	M						
ADDRESS	S: STREET, CITY, ST.	TREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
513 WARRING TO THE STATE OF THE	ASHINGTO	N ST CROOKSVILLE,	OH 437	31											
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Cor	MPLIANT SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
<u>5</u>	BY							0 4	MC HEL	MET 0 1	11	_1	_1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	N NUMBER			
O H													_		
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIST	VER Tracted	_	OHOL / DRUG SUSPE LCOHOL   MAR		CONDITION	STATUS TY	OHOL TEST PE VALUE		RUG TEST(S YPE RESULT	SELECT UP TO 4		
. 4			BY	1	=	THER DRUG	NIJUANA	1 ,	1 1		1 :	L			
UNIT#	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
0 2	MANAUS	A, CARISSA JEAN							0 6 /	0 9 / 1	9 9 9	2 4	, F ,		
ADDRESS	S: STREET, CITY, ST.	•							CONTACT	PHONE - INCLUDE AREA (	ODE				
927 PI ON INJURIES	EDMONT R	D D COLUMBUS, OH	43224												
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT-Cor	SEATING POSITIO	N AIR BAG USAGE EJECTION TRAPPED				
5 2	BY				US			USED 0 4	MC HEL		_11	_1	_1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER				
OL STATE				333.0	3		X	333.03			145093023001				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	UP TO 3 DRI'	VER TRACTED	RACTED			CONDITION		OHOLTEST /PE VALUE	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
4			ВУ	1	=	LCOHOL MAF THER DRUG	RIJUANA	1	1 1		1	L			
UNIT #	NAME: LAST, F	FIRST MIDDLE			υ۰	I HER DRUG				DATE OF BIRTH		AGE	GENDER		
		,							l			]			
ADDRESS	□ S: STREET, CITY, ST.	ATE, ZIP							CONTACT	PHONE - INCLUDE AREA	CODE				
TORI															
ADDRESS		EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT 0	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
	TAKEN BY							USED	DOT-COMPLIANT MC HELMET						
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI				RIPTION CIT			TATION NUMBER			
	ال						CODE								
OL CLASS	ASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DR SELECT UP TO 2 DIS			RACTED			CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP				
			BY		=	LCOHOL MAF THER DRUG	RIJUANA								
INJ	URIES	SEATING POSITION	A	IR BAG	Шυ	OL CLASS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST STA	TUS		
1 - FATAL		1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER	LOCK DEVICE	1 - NOT DISTRACTED		NONE GIVEN			
	D SERIOUS INJURY D MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYI 3 - DEPLOYI	ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS				2 - CDL INTRASTAT 3 - CORRECTIVE LE	ELECTRONIC COMMUNI		ICATION 3.	CATION 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
4 - POSSIBLE		3 - FRONT - RIGHT SIDE						4 - FARM WAIVER			PING,				
5 - NO APPARE	ENT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	E M/C MODED ONLY				5 - EXCEPT CLASS A BUS 3 - TALKING ON HAN 6 - EXCEPT CLASS A COMMUNICATION							
INJURED	INJURED TAKEN BY 5-SECOND-MIDDLE				6 - NO VALID OL & CLASS B BUS				A	4 - TALKING ON HAND-HE	UNKNOWN				
1 - NOT TRANS /TREATED		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	EJ	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		COMMUNICATION DEV  5 - OTHER ACTIVITY WITH	I ΔN	LCOHOL TE	ST TYPE		
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE	1.	NONE BLOOD			
	3-PULICE 2-PARTIA			LLY EJECTED M - MOTORCYCLE  Y EJECTED P - PASSENGER			,		6 - PASSENGER 7 - OTHER DISTRACTION		3 - URINE				
	10 - SLEEPER SECTION 4 - NOT AP			PLICABLE N-TANKER 10-			10 - LIMITED TO DAYLIGHT ONLY		INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE		4 - BREATH 5 - OTHER				
	1 - NONE USED 11 - PASSENGER IN OTHER TR			Q - MOTOR SCOOTER 11 - LIMITED TO			11 - LIMITED TO EM 12 - LIMITED - OTHE		THE VEHICLE						
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAP			PPED S - SCHOOL RUS 13 - MECHANICA			13 - MECHANICAL D			DRUG TEST TYPE 1-NONE					
			2 - EXTRICA MECHAN	ATED BY NICAL MEANS T - DOUBLE & TRIPLE TRAILERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION		2 - BL00D				
5 - CHILD RES	5 - CHILD RESTRAINT SYSTEM – CARGO AREA 3 - FREE		3 - FREED B	X - TANKER / HA7MAT			14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER				
	CHILD RESTRAINT SYSTEM _ 14 - RIDING ON VEHICLE EXTERIOR		DITANTUAL WEAVY			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)							
REAR FACI	REAR FACING (NON-TRAILING UNIT)						16 - OUTSIDE MIRROR		4- ILLNESS		DRUG TEST RESULT(S)  1-AMPHETAMINES				
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN									5- FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES			
9 - PROTECTIV	9 - PROTECTIVE PADS USED							18 - OTHER		6- UNDER THE INFLUENCE		3 - BENZODIAZEPINES 4 - CANNABINOIDS			
	(ELBOW, KNEES, ETC.) D- REFLECTIVE CLOTHING								OF MEDICATIONS / I /ALCOHOL		5 - COCAINE				
	- LIGHTING – PEDESTRIAN / BICYCLE ONLY								9- OTHER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER				
	HER / UNKNOWN											NEGATIVE RESU	LTS		

Ũ	SOURCE SAFETY OCCUPANT / WITNESS ADDENDUM						2 0 2 3 - 0 0 0 1 0 9 8 2								
	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
	01	HINKLE	, LINDSEY MAR A	0 8 / 2	8 / 1 9	8 2	4 1	F							
ANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	513 W	ASHINGT	ON ST CROOKSVI	LLE, OH 437	<b>'31</b>										
9	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	5	BY					0 4	MC HELMET	0 3	1	1	_1			
Ī	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
	02	MANAU	SA, SARAH ELIZA	BETH				0 1 / 0	7 / 2 0	_0 _2 _	2 1	F			
PAN	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
OCCUPAN	8656 O	LD STATI	E ROUTE 78 GLOU	STER, OH 4	5732			T SEATING POSITION   AIR BAG USAGE   EJECTION   TRAPPE							
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
	_5	BY					0 4	☐ MC HELMET	0 3	1	1	_1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER							
JPAN	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	TH HIDTEC	THURER	EMO A						CEATING DOCUTION	LATE DAG HEAD	LEIEGEVON	TDADDED			
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
٥											<u> </u>				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
L Z	ADDDESS	DRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN	ADDICEOS.	SS: SIREE1, CITY, STATE, ZIP						CONTROLL	- INCLUDE AREA CO.	50					
8	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY					USED	MC HELMET			, ,	ļ			
Ī		INJU	IRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA	<b>A</b> L		1 - NONE US			IT – LEFT SIDE	<b>(55)</b>	1 - NOT DE	PLOYED					
	2 - SUSI	PECTED SE	RIOUS INJURY		OCCUPANT	'ORCYCLE DRI\ IT – MIDDLE	ER)	2 - DEPLOYED FRONT							
	3 - SUSPECTED MINOR INJURY				ER BELT ONLY USED T ONLY USED	IT – RIGHT SID	E		3 - DEPLOYED SIDE						
		SIBLE INJU			ER & LAP BELT USED	ND – LEFT SID		4 - DEPLOYED BOTH FRONT/SIDE							
	5 - NO APPARENT INJURY				ESTRAINT SYSTEM –		ND – MIDDLE	, LITULIN,	5 - NOT APPLICABLE						
			TAKEN BY		D FACING		ND - RIGHT SI	DE	9 - DEPLO						
		TRANSPOR EATED AT S		6 - CHILD RE	ESTRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE	CAR)							
	2 - EMS 7 - B00STEF			RSEAT	D - MIDDLE	_	1 - NOT EJ	r ejected							
	3 - POLICE 8 - HELMET			USED		D – RIGHT SIDI PER SECTION		2 - PARTIA	ALLY EJECTED						
					TIVE PADS USED KNEES, ETC.)			HER ENCLOSED 3 - TOTALLY EJ			EJECTED				
					TIVE CLOTHING	CARGO AREA (NON-TI BUS, PICK-UP WITH CA			4 - NOT AP						
	11 - LIGHTIN			G – PEDESTRIAN	(ARGUAREA				TRAPP	ED					
	/ BICYCL					LING UNIT		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL			0.4.1				
				99 - OTHER /	UNKNOWN		NG ON VEHICLE	EXTERIOR	Z - EXTRIC MEANS		ECHANI	JAL			
							MOTORIST			BY NON-ME	CHANIC	AL			
						99 - OTHE	R / UNKNOWN		MEANS	j					
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS								CONTROL DUONE							
ΜĬ	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE					
5	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
SS															
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
3															
Ī	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
WITNESS															
ΕM	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							