OFFICE CRASH		OCAL REPORT NUMBER*								
OH-2 <b>X</b> OH-3	2023-	00000	799							
PHOTOS TAKEN OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP 1 - SOLVED		UNIT IN ERROR  98 - ANIMAL					
PRIVATE PROPERTY	Heath PD	0 4 5 0 7	2 - UNSOLVED	020	99 - UNKNOWN					
COUNTY* LOCALITY* 1 - CITY 4 5 1 2 - VILLAGE HEATH	CRASH DATE / TIME * CRASH SEVERITY  0.1222023 0953 5 1- FATAL									
3-10WNSHIP	LOCATION ROAD NAME	ROAD TYPE	2 - SERIOUS INJURY							
2 - SOUTH 3 - EAST	KELLER	D R	400270		MINOR INJURY SUSPECTED					
1 11 12 1	REFERENCE ROAD NAME (ROAD, MILEPOST, HOU		LONGITUDE DE		INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	Central	PK	8 474		PROPERTY DAMAGE					
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	I	NTERSECTION RELATED						
1 - INTERSECTION 1 - NORTH IR -		W-HIGHWAY RD - ROAD A - LANE SQ - SQUARE	WITHIN INTER	SECTION OR ON APPROAC	CH 4					
3- HOUSE # L 3- EAST	STATE ROUTE BL - BOULEVARD A	IP - MILEPOST ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT - COURT F	V - OVAL TE - TERRACE K - PARKWAY TL - TRAIL	ROADWAY							
2-FEET	ROUTE I	I - PIKE WA - WAY L - PLACE	ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVEN			DIRECTION OF TRAVEL	MEDIAN	TYPF					
1 - ON ROADWAY 9 - CROSSOVER	1-NOT COLLISION 4-	REAR-TO-REAR	1 - NORTH	1 - DIVIDED FI	_USH MEDIAN					
3 - IN MEDIAN 11-RAILWAY G	RADE CROSSING WEHICLES IN 6-	BACKING ANGLE	2 - SOUTH 3 - EAST	( < 4 FEET 2 - DIVIDED FL	_USH MEDIAN					
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS	A TOTAL STATE STATE STATE OF THE STATE STA	SIDESWIPE, SAME DIRECTION SIDESWIPE, OPPOSITE DIRECTION	4-WEST (24 FEET)							
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 7 - ON RAMP 14 - TOLL BOOT	D-HEAD-ON 2-	OTHER/UNKNOWN		4 - DIVIDED, R (ANY TYPE	AISED MEDIAN					
8-OFF RAMP 99-OTHER/UN	KNOWN			9 - OTHER/UNI	KNOWN					
WORK ZONE RELATED	V 34 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	OF CRASH IN WORK ZONE SEFORE THE 1ST WORK ZONE	CONTOUR	CONDITIONS	SURFACE					
WORKERS PRESENT 2-	LANE SHIFT/CROSSOVER	VARNING SIGN DVANCE WARNING AREA	1	3	2					
	OR MEDIAN 3-T	RANSITION AREA	1 - STRAIGHT LEVEL							
	ACRE STREET, AND STREET ARE STREET, A STREET, A STREET, AND A STREET, AND A	CTIVITY AREA ERMINATION AREA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT					
LIGHT CONDITION	WEATHER			4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK					
1 - DAYLIGHT	1 - CLEAR 6 - SNOW			OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 7 - SEVERE C 3 - FOG, SMOG, SMOKE 8 - BLOWING			6 - WATER (STANDING, MOVING)	5 - DIRT					
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	4 - RAIN 9 - FREEZING 5 - SLEET, HAIL 99 - OTHER / I	RAIN OR FREEZING DRIZZLE JNKNOWN	1	7 - SLUSH 9 - OTHER/UNKNOWN	9 - OTHER/UNKNOWN					
9-OTHER/UNKNOWN	V1 (MADAMATA) WANGALA BARA SANA (MADAMATA)			9 - OTHER OWNIOWN						
NARRATIVE	I D			I ' I '	Indicate the north direction with					
Unit 1 was traveling on Kel Pkwy. Unit 1 said Unit 2 slid	<u> </u>				Tan "N" on the compass diagram.					
Central Pkwy and struck his			ScenePD ™ - Evaluation Edition  Evaluation Edition		-					
-		Evaluation Edition  Evaluation Edition	n Edition	Evaluation Edition						
Unit 2 said she approached stop sign on Central  Pkwy, applied brakes but slid pass stop sign due to										
road conditions. Unit 2 struc		Evaluation Edition  Evaluation Edition		Evaluation Edition						
bumper area. No injuries we		CENTRAL PKWY WES	Evaluation Edition	(文 N						
	•	Evaluation Edition		Evaluation Edition  Evaluation EMON To Scale						
		Unit 2 Evaluation Edition	01.	_						
		·	Evaluation Edition	Evaluation Edition Evaluation Edition dition						
		Evaluation  Evaluation Edition  Evaluation Edition	a Edition	Evaluation Edition	-					
		Evaluatio	Evaluation E Evaluation Edition	Evaluation Edition dition	2—					
		Evaluation Edition Evaluation Edition	Trancite (877) 908-4777							
Application of the II service of property of the control of the control of	1000 (8100) 4000 (000 (000 (000 (000 (000 (000 (	VAL DATE / TIME	SCENE CLEARED D		PORT TAKEN BY					
01222023 0953 012			1222023		POLICE AGENCY MOTORIST					
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT		CHECKED BY OFFI	CER'S NAME*		SUPPLEMENT					
	OFFICER'S BADGE NUMBER*		BY OFFICER'S BADGE N		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
	0 7 - 1 4	9 0 7	, - , <b>1</b> ,	3 8						

OHIO DEF OF PUBLI SAFETY - SERVI	OHIO DEPARTMENT MOTORIST / NON-MOTORIST					2 0 2 3 - 0 0 0 0 0 7 9 9									
UNIT#	NAME: LAST, F	LAST, FIRST, MIDDLE							D/	TE OF BIRTH		A	GE	GENDER	
0 1	LAKE, PAUL DAVID							1 1 / 2 3 / 1 9 6 2 6 0 M							
2	ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE  CONTACT PHONE -														
INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)			Country	SEATING POSITI	ON AIR BA	G USAGE E	JECTION	TRAPPED
102 5	TAKEN BY	GAKEN						USED O 4	DOT-COMPLIANT 0 1			1	1 1 1 1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAF	RGED	LOCAL	OFFENSE DESC	CRIPTION			CITATION NUMBER			
До н						CODE									
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPI		CONDITION	STATUS	TYPE	VALUE	STATUS	TYPE		SELECT UP TO 4
_4				1	<b>□</b> ∘	THER DRUG		1	1	1	• — —	_1	1		لـــالـــالـــا
UNIT#	NAME: LAST, F	FIRST, MIDDLE					D/	TE OF BIRTH		A	GE	GENDER			
0 2	SCHMIDT	Γ, RACHEL ELINOR							1 2	<b>, ,</b> 0	6 / 2	0 0	5   1	7	F
ADDRESS:	STREET, CITY, ST.	ATE, ZIP							CONTAC	CT PHON	IE - INCLUDE AREA	CODE			
2515 PI	LEASANT (	CT NEWARK, OH 430	55												
INJURIES	INJURED TAKEN BY	ED EMS AGENCY (NAME)		INJURED T	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFET USED		USED	DOT-COMPLIANT SEATING POSITION MC HELMET O 1			N AIR BAG USAGE EJECTION TRAPPED				
5		TOTALCE NUMBER		OFFERN	CF 01141	2058	1001	0 4			U 1	1 1			1
OL STATE	OPERATURE	ICENSE NUMBER		UFFEN	SE CHAF	KGED	LOCAL CODE	OFFENSE DESC	RIPIIUN	11PT10N		CITA	CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	DHOL / DRUG SUSPI		CONDITION	STATUS	TYPE	VALUE	STATUS	DRUG T		SELECT UP TO 4
4			ВУ	1	=	LCOHOL   MAF THER DRUG	RIJUANA	1	1	1	•	1	1		
UNIT#	NAME: LAST, F	FIRST, MIDDLE								D/	ATE OF BIRTH		A	GE	GENDER
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP							CONTAC	CT PHON	IE - INCLUDE AREA	CODE				
010									LLL						
INJURIES	INJURED TAKEN BY INJURED TAKEN INJURED TAKEN TO			: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED DOT-COMPLIANT MC HELMET			IT	OSITION AIR BAG USAGE EJECTION TRAPPED					
OL STATE	OPERATOR LICENSE NUMBER OF			OFFENS	FFENSE CHARGED LOCAL OFFENSE DESC			RIPTION C			CITA	CITATION NUMBER			
							CODE								
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2			VER TRACTED				CONDITION	ALCOHOL TEST STATUS TYPE VALUE		STATUS	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
			ВУ		=	_	RIJUANA								
INJU	L   RIES	SEATING POSITION		AIR BAG	υ	THER DRUG OL CLASS	s	OL RESTRIC	TION(S)		• LULUIVIONI IVER DISTRAC	TION	TE	ST STA	
1 - FATAL		1 - FRONT - LEFT SIDE	1 - NOT DE			1 - CLASS A		1 - ALCOHOL INTER			OT DISTRACTED		1 - NONE G		
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOY				2 - CDL INTRASTATE ONLY			2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATIO		2 - TEST REFUSED			
3 - SUSPECTED 4 - POSSIBLE IN		2 EDONT DICHT CIDE			SIDE 3 - CLASS C BOTH FRONT / SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LENSES 4 - FARM WAIVER			DEVICE (TEXTING, TYPING,		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
5 - NO APPAREN	PARENT INJURY 4 - SECOND - LEFT SIDE 5 - NOT APPL		LICABLE (OHIO = D)			5 - EXCEPT CLASS A BUS			DIALING) 3 - TALKING ON HANDS-FREE		4 - TEST GIVEN, RESULTS KNOWN				
INJURED	F CECOND MIDDLE 9- DEPLOTMENT UNKNOWN			5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A COMMUNICATION DEVICE & CLASS B BUS 4 - TALKING ON HAND-HELD				5 - TEST GIVEN, RESULTS UNKNOWN					
1 - NOTTRANSP	PORTED 6 - SECOND - RIGHT SIDE 7 - EXCEPT					7 - EXCEPT TRACTO						Т ТҮРЕ			
/TREATED AT 2 - EMS	(MOTORCYCLE CIDE CAR)			OL ENDORSEMENT 8- INTERMEDIATE I H - HAZMAT RESTRICTIONS			LICENSE 5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE				AN 1 - NONE				
3 - POLICE	8 - THIRD - MIDDLE 2 - PARTIALLY EJE:										2 - BL00D				
9 - OTHER / UNK	OTHER/UNKNOWN 9-THIRD - RIGHT SIDE 3-TOTALLY			IECTED P - PASSENGER		RESTRICTIONS	MODETHE		THER DISTRACTION						
SAFETY E	AFETY EQUIPMENT 10 - SLEEPER SECTION 0F TRUCK CAB 4 - NOT APPLI		PLICABLE	CADLE N-TANKER			10 - LIMITED TO DAY	MPLOYMENT 8 - OTHER DISTRACTION							
1 - NONE USED	11 DASSENCED IN OTHER			R-THREE-WHEEL MOTORCYCLE 12-LIMITED - OTHER			THE VEHICLE			DRUG TEST TYPE					
	OULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAPPED P BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATED BY			S - SCHOOL BUS 13 - MECHANICAL I (SPECIAL BRAF		CES, HAND			1 - NONE						
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED			CHANICAL MEANS X - TANKER / HAZMAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION  1 - APPARENTLY NORMAL			2 - BLOOD			
	5 - CHILD RESTRAINT SYSTEM – CARGO AREA FORWARD FACING 13 - TRAILING UNIT		3 - FREED I NON-ME	EED BY N-MECHANICAL MEANS			14 - MILITARY VEHI		1 ALLANCETTE HORMAL			3 - URINE 4 - OTHER			
6 - CHILD RESTE	- CHILD RESTRAINT SYSTEM = 14 - RIDING ON VEHICLE EXTERIOR						15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		RESSED,	DRUG TEST RESULT(S)			
REAR FACING	EAR FACING (NON-TRAILING UNIT)						16 - OUTSIDE MIRROR		4- ILLNESS			1-AMPHETAMINES			
8 - HELMET USE	20						17 - PROSTHETIC AID			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES			
9 - PROTECTIVE	- PROTECTIVE PADS USED							18-OTHER		6- U	6- UNDER THE INFLUENCE		3 - BENZODIAZEPINES 4 - CANNABINOIDS		
	BOW, KNEES, ETC.) FLECTIVE CLOTHING									OF MEDICATIONS / DRUGS /ALCOHOL		4 - CANNABINOIDS 5 - COCAINE			
11 - LIGHTING - F	PEDESTRIAN									9-0	THER / UNKNOWN		6 - OPIATE	S / OPIOID	S
/ BICYCLE ON 99 - OTHER / UNK													7 - OTHER 8 - NEGATI	VE RESUL	TS