OF PUBLIC SAFETY TRAFFIC CRASH	*DENOTES MAI LOCAL INFORMATION	NDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	OCAL REPORT NUMBI				
PHOTOS TAKEN OH-2 NOH-3 OH-1P OTHER									
SECONDARY CRASH PRIVATE PROPERTY	NCIC* 507	1-SOLVED 0 2 0 2 98-ANIMAL							
COUNTY* LOCALITY* LOCATION: CITY	CRASH DATE /		RASH SEVERITY						
4 5 1 - CITY 2 - VILLAGE 3 - TOWNSHIP HEATH	10162023, 1002, 2 1- FATAL 2- SERIOUS INJURY								
T NODELL	LATITUDE DECIMAL DEGREES SUSPECTED								
ROUTE TYPE ROUTE NUMBER PREFIX 1- NORTH 2-SOUTH 3-EAST 4-WEST	HEBRON	4,0,026	8 9 8	3 - MINOR INJURY SUSPECTED					
	REFERENCE ROAD NAME (ROAD, I	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE					
2 5107	Central		PK	-82,446	9 4 0	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION RELAT	ED			
1 2-MILE POST 2 2-SOUTH US.			D - ROAD Q - SQUARE	WITHIN INTE	RSECTION OR ON APPR	OACH			
3- HOUSE # - 3- EAST	STATE ROUTE BL -		T - STREET E - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT .		L - TRAIL	ROADWAY					
2 0 E 2 2-FEET	ROUTE	DRIVE PI - PIKE V HEIGHTS PL - PLACE	VA - WAY	ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT		IER OF CRASH COLLISION/IMPA	CT.	DIRECTION OF TRAVE	MED	IAN TYPE			
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT (COLLISION 4 - REAR-TO-REAR		1 - NORTH	1 - DIVIDE	D FLUSH MEDIAN			
O 1 2-ON SHOULDER 10-DRIVEWAY/	TWO	VEEN 5-BACKING MOTOR CLES IN 6-ANGLE		2-SOUTH (<4 FEET)					
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS		ISPORT 7 - SIDESWIPE, SAME		3 - EAST (≥4 FEET) 4 - WEST 3 - DIVIDED, DEPRESSED MEDIAN					
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEAD			4 - DIVIDED, RAISED MEDIAN (ANY TYPE)					
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER/UN					9 - OTHER/				
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE			
1-1	ANE CLOSURE	1 - BEFORE THE 1ST \ WARNING SIGN	WORK ZONE	3	1	2			
3-1	_ANE SHIFT/CROSSOVER WORK ON SHOULDER	2 - ADVANCE WARNIN		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA	i.	2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINO					
ACTIVE SCHOOL ZONE 5-(OTHER	5 - TERMINATION ARE	ĒΑ	3 - CURVE LEVEL 3 - SNOW ASPHALT					
LIGHT CONDITION	WEATHE			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,			
1 - DAYLIGHT 2 - DAWN/DUSK	1-CLEAR 02 2-CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS		OIL, GRAVEL STONE 6 - WATER (STANDING, 5 - DIRT					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 4 - RAIN	8 - BLOWING SAND, SOIL, DIRT,	ND, SOIL, DIRT, SNOW AIN OR FREEZING DRIZZLE MOVING) 7 - SLUSH 9 -						
5 - DARK – UNKNOWN ROADWAY LIGHTING	NG DRIZZEE		9 - OTHER/UNKNOWN						
9-OTHER/UNKNOWN									
NARRATIVE UNIT #1 WAS TRAVELING SO	NITH ON ST PT 70					Indicate the north direction with			
UTILIZING THE LEFT LANE.	•					an "N" on the compass diagram.			
TRAVELING NORTH ON ST R		INTO		ScenePD ™ - Evaluation Edition Evaluation Edition		2			
LANE UNIT #1 WAS IN. BOT	H UNITS STRUCK I	EACH Evaluation Edition	Evaluation ation Edition		Evaluation E	dition			
OTHER HEAD ON AND BECAM	IE DISABLED AT TH	IE _ ~		Evaluation Evaluation Evaluation Edition	Evaluation Edition Edition				
POINT OF IMPACT.		Evaluation Edition	ation Edition	ST TT	N Evaluation Edition	dition			
		SIRI 79Hebron Road	Eraluation	Evaluation Evaluation Edition	Not To Scale				
		Evaluation Edition	l was	Featuation	Evaluation Edition	fition			
		E valu	ation B Byaluation	Evaluation Edition	Long	1-			
		Evaluation Edition		Evaluation	Evaluation Edition	dition			
		Evaluation Edition	Um² Evaluation	Edition Edition		=			
			, 1	Evaluation Evaluation Edition	Evaluation Edition Edition	dition			
		Evaluation Edition	Evaluation ation Edition						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	DATE/TIME	REPORT TAKEN BY			
10162023 1002 101	TO THE RESIDENCE OF THE PARTY O		1	0162023	- Note of the Belling	POLICE AGENCY			
TOTAL TIME OTHER TOTAL			ECKED BY OFFI	CER'S NAME*		MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUTI	Tidile		mart	gravani da argigi kandindak		SUPPLEMENT (CORRECTION OR ADDITION			
	O 7 -		O CHECKED	officer's badge i	NUMBER*	TO AN EXISTING REPORT SENT TO ODPS)			

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

99 - OTHER / LINKNOWN

ì

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

OR SUPPORT

■ MOST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

1

49 - FIRE HYDRANT

OHIO DEPARTMENT MOTORIST / NON-MOTORIST							2 0 2 3 - 0 0 0 1 1 5 5 3								
UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GEN							
0 1	NAGEL, HEIDI MARIE								1 1 / 2 6 / 1 9 7 9			4 3	F		
ADDRESS	S: STREET, CITY, STA	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS ADDRES	AN CT HEA	ATH, OH 43056													
INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COM	SEATING POSITIO	ON AIR BAG US	AGE EJECTION	TRAPPED		
0 2 3	TAKEN 1	Heath FD						USED 0 4	MC HEL		2	1	1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION	l-	CITATIO	N NUMBER	1		
До н															
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		OHOL / DRUG SUSPI		CONDITION	ALC STATUS TY	OHOLTEST PE VALUE		RUG TEST(S	T SELECT UP TO 4		
. 4			BY	1		LCOHOL MAF THER DRUG	RIJUANA	1	1 1		1	1			
UNIT #	NAME: LAST, F	EIRST MIDDLE			- OTHER DROG				DATE OF BIRTH	L	AGE	GENDER			
0 2	BESTER,								1 0 /	2 5 / 1	9 6 1	6 2	F		
	S: STREET, CITY, STA									PHONE - INCLUDE AREA					
290 W		DR NEWARK, OH 43	3055												
O INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	NJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN			SAFETY EQUIPMENT	207.0	SEATING POSITION	ON AIR BAG US	AIR BAG USAGE EJECTION TRAPPED			
ADDRESS 290 W INJURIES OL STATE	TAKEN BY 2	Air Evac					USED O 4	DOT-CON		2	2 1 3				
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	NSE DESCRIPTION			CITATION NUMBER			
Б о н				331.0	18		CODE	331.08			13011	111523001			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	ALC STATUS TY	OHOL TEST PE VALUE		RUG TEST(S	T SELECT UP TO 4		
4	522201 01 102	0.2	BY	9			RIJUANA	1	1 1			1			
UNIT #	NAME: LAST, F	0 3		9	□ º	THER DRUG			الله	DATE OF BIRTH	ــا اــــــــــا	AGE	GENDER		
UNII #	NAME: LASI, F	-IKSI, MIDDLE								DAIL OF BIRTH		AGE	GENDER		
ADDRESS	S: STREET CITY STA	ΔΤΕ 71P							CONTACT	PHONE - INCLUDE ADEA	CODE	ــــــــال			
ORI	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE														
NON-MOTORIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	ON AIR BAG US	SAGE EJECTION	TRAPPED		
NON .	TAKEN BY					USED		DOT-COMPLIANT MC HELMET							
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI				RIPTION CIT			ATION NUMBER			
	ار						CODE								
OL CLASS	. CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DR			TRACTED			CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP				
			ВУ		=	_	RIJUANA								
INJ	URIES	SEATING POSITION		IR BAG	υυ	THER DRUG OL CLASS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST STA			
1 - FATAL		1 - FRONT - LEFT SIDE	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER	and the second s	1 - NOT DISTRACTED		- NONE GIVEN			
	D SERIOUS INJURY D MINOR INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYE 3 - DEPLOYE				2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATIN ELECTRONIC COMMUI	ELECTRONIC COMMUNICATION		2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED			
4 - POSSIBLE		3 - FRONT - RIGHT SIDE		ED SIDE 3- CLASS C ED BOTH FRONT / SIDE 4- REGULAR CLASS			4 - FARM WAIVER			PING,	SAMPLE / UNUSABLE				
5 - NO APPARE	ENT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	PLICABLE (OHIO = D)				5 - EXCEPT CLASS			3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 5 - TEST GI		SULTS KNOWN		
INJURED	INJURED TAKEN BY 5- SECOND - MIDDLE 9- DEPLOY					MENT UNKNOWN 5- NV NUPED ONLY 6- EXCEPT CLAS 6- NO VALID OL & CLASS B BU				4 - TALKING ON HAND-HE	UNKNOWN				
	1 - NOTTRANSPORTED 6 - SECOND - RIGHT SIDE //REATED AT SCENE 7 - THIRD - LEFT SIDE					7 - EXCEPT TRACTI				COMMUNICATION DEV	ALCOHOL TEST TYPE				
2 - EMS	AI JULINE	(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT	MENI	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE	1.	- NONE			
3 - POLICE	3 - POLICE 8 - THIRD - MIDDLE 2 - PARTIA			LLY EJECTED M - MOTORCYCLE			9 - LEARNER'S PERMIT RESTRICTIONS		6 - PASSENGER		2 - BLOOD 3 - URINE				
9 - OTHER / UN	10 CLEEDED CECTION		3 - TOTALLY 4 - NOT APP				10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREATH				
	SAFETY EQUIPMENT OF TRUCK CAB			Q - MOTOR SCOOTER 11 - LIMIT				1 - LIMITED TO EMPLOYMENT 8 - OTHER DISTRACTION THE VEHICLE		OUTSIDE 5-OTHER					
	ENCLOSED CARGO AREA			DDED 12 MECH				12 - LIMITED – OTHER 13 - MECHANICAL DEVICES			DRUG TEST	TYPE			
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRI		2 - EXTRICA	ATED BY T - DOUBLE & TRIPLETRALLERS			(SPECIAL BRAK CONTROLS, OR 0	ES, HAND THER CONDITION			1 - NONE 2 - BLOOD 3 - URINE				
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLO CARGO AREA		MECHANICAL MEANS 3-FREED BY			X - TANKER / HAZMAT				ADAPTIVE DEVI					
	FORWARD FACING 13-TRAILING UNIT			ON-MECHANICAL MEANS			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER				
	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES		ANGRY, DISTURBED)		DRUG TEST RESULT(S)				
	7 - BOOSTER SEAT 15 - NON-MOTORIST						16 - OUTSIDE MIRROR 17 - PROSTHETIC AID		4- ILLNESS 5- FELL ASLEEP, FAINTED,		1 - AMPHETAMINES 2 - BARRITURATES				
	8 - HELMET USED 99 - OTHER / UNKNOWN						18 - OTHER		FATIGUED, ETC.		2 - BARBITURATES 3 - BENZODIAZEPINES				
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS		4 - CANNABINOIDS			
	10 - REFLECTIVE CLOTHING								/ ALCOHOL		5 - COCAINE 6 - OPIATES / OPIOIDS				
	- LIGHTING - PEDESTRIAN / BICYCLE ONLY									9- OTHER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTHER / UN									8	- NEGATIVE RESU	LTS				

Q	OHIO DEPARTMENT OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						2023		RT NUMBER 0 1 1	5 5	3				
	UNIT #	NIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GEN						
PANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	THE INDICE.	TANTINGER		CAFETY FAUXDMENT		CEATING DOCUTION	AND DAD HEADE	LEIEGERAN	TDARRER						
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facili t	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
ì	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
OCCUPAN	ADDRESS	DRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
ō	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EUSED USED			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
ì	UNIT #	NIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE						
L N	ADDRESS	: STREET, CITY,	STATE 7IP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	ADDICEOU		31812,211					AND SEE AREA GOOD							
9	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUI			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
5	UNIT #		T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER			
ı	ON11 #	NAME: LAS	I, I IKSI, MIDDEL					DA!	LOI DIKIII		AUL	GENDER			
ANT	ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN															
	INJURIES	INJURED TAKEN BY	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
			IRIES	SAFETY	'EQUIPMENT USED	1	SEATING POS			AIR BAG U	SAGE				
	1 - FATA			1 - NONE US			T – LEFT SIDE		1 - NOT DE						
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 2 - SHOULDE			COCCUPANT (MOTORCYCLE DRI' ER BELT ONLY USED 2 - FRONT - MIDDLE T ONLY USED 3 - FRONT - RIGHT SIL			/ER) 2 - DEPLO		YED FRONT						
								3 - DEPLO							
		SIBLE INJU APPARENT I			R & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASS			4 - DEPLOYED BOTH FRONT/SIDE						
				STRAINT SYSTEM – D FACING	5 - SECOND - MIDDLE		\ F	5 - NOT AP	PLICABLE						
	1 - NOT	TRANSPOR			STRAINT SYSTEM –	6 - SECOND – RIGHT SID 7 - THIRD – LEFT SIDE		JE	9 - DEPLO	/MENT UNK	NOWN				
	/TREATED AT SCENE REAR FA			CING		ORCYCLE SIDE D – MIDDLE	CAR)		EJECTI(N					
	2 - EMS 7 - B00STER 3 - POLICE 8 - HELMET				9 - THIR	D – RIGHT SIDE		ECTED	CTED LY EJECTED						
				IVE PADS USED		PER SECTION (ENGER IN OTH			Y EJECTED						
				KNEES, ETC.)	CARG	O AREA (NON-TE	RAILING UNIT,	PLICABLE							
					IVE CLOTHING G – PEDESTRIAN	12 - PASS	ENGER IN UNE			TRAPPE	D				
	/ BICYCLE 0						O AREA LING UNIT	1 - NOT TRAPPED			NAT CHANGO AL				
	99 - OTHER /			UNKNOWN 14 - RIDING ON VEHICLE (NON-TRAILING UNIT)			EXTERIOR 2 - EXTRICATED BY MECH MEANS			ECHANIC	AL.				
					15 - NON-MOTORIST 99 - OTHER / UNKNOWN			3 - FREED BY NON-MEANS			/ECHANICAL				
,		ST, FIRST, MIDD						DAT	E OF BIRTH		AGE	GENDER			
WITNESS			IEY NICOLE					0 6 / 2			3 5	F			
MI		: STREET, CITY, HORNWO	STATE, ZIP OOD DR HEATH, OH	1 43056				CONTACT PHONE	- INCLUDE AREA COI	DE .					
8	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
WITNESS	ADDDESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
W	ADDRESS: SIREEI, GIT, SIAIE, ZIP							CONTACT PROVE - INCLUDE AREA CODE							
SS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
S															