OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION		_ 1	REPORT LOCAL INFORM	*DENOTES MA	ANDATORY FIE	LDFO	RSUPPLE	MENT REF	PORT	2	0 2	3 -	LOCAL RE		1 2		
PHOTOS TAKEN OH-1P OTHER SECONDARY CRASH PRIVATE PROPERTY OH-3 COCAL INFORMATION REPORTING AGENCY NAME* NCIC* Heath PD 0 4 5 0 7										HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED Q 2 9 98 - ANIMAL 2 - UNSOLVED 0 2 99 - UNKNOWN							
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP* 4.5 1 2-VILLAGE 3-TOWNSHIP HEATH									CRASH DATE / TIME* 1.1052023, 1354, 5 2-SERIOUS INJURY								
ROUTE TYPE ROUT		ROAD TYPE LATITUDE DECIMAL DEGREES					00190	SUSPECTED									
7307										MINOR INJURY SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 911								ROAD	TYPE	-82	-82 451550 5-PROPERTY DA					INJURY POSSIBLE PROPERTY DAMAGE ONLY	
REFERENCE POINT DIRECTION ROUTE TYPE													INTERSE			OHEL	
2 MILE BOST 2 SOUTH							W-HIGHWAY RD - ROAD A - LANE SQ - SQUARE WITHIN INTERSECTION OR ON APPROACH						Н				
3 - HOUSE # US - FEDERAL US ROUTE BL - BOULEVARD BL - BOULEVARD								MP - MILEPOST ST - STREET WITHIN INTERCHANGE AREA NUMBER OF AI						BER OF APPROACHES			
DISTANCE FROM REFERENCE	DISTANC UNIT OF MEA		NUMBERED COL	INTY ROLLTE			/ - OVAL TE - TERRACE (- PARKWAY TL - TRAIL ROADWAY										
	2 - F	EET	NUMBERED TOV ROUTE	DIV.	- DRIVE	PI - PI		WA - WAY		ROADWAY DIVIDED							
100	3-Y		-			PL - PI						Accordance and con-	00			Tanan bakar	
1 - ON ROAI	TION OF FIRST HA DWAY	RMFUL EVEN 9 - CROSSOVER		1 - NOT	NER OF CRASH COLLISION 4					DIRE	CTION OI		IL	1 - D	MEDIAN VIDED FL	TYPE .USH MEDIAN	
9 9 2 - ON SHOULD 3 - IN MED			ALLEY ACCESS RADE CROSSING	8 TWO) MOTOR ,	- BACK				2-SOUTH					(< 4 FEET) DIVIDED FLUSH MEDIAN		
4 - ON ROAL		L2-SHARED US		V L 1	ITOLLES IN		SWIPE, SA	ME DIRECTIO	ON		3 - E 4 - W			(≥4 FEET		
5 - ON GORI 6 - OUTSID		TRAILS L3-BIKE LANE		2 - REA 3 - HEA			SWIPE, 0P		CTION					4 - D	VIDED, R	EPRESSED MEDIAN AISED MEDIAN	
7 - ON RAM	p 1	L4-TOLL BOOT 99-OTHER/UN													NY TYPE THER/UNI		
8 - OFF RAI	ALI.) onless on	WORK ZONE T	VDE.	LOCATIO	N OF C	RASH IN V	/ODI/ 70N	-		CONTOU	IP	co	NDITIO	NS	SURFACE	
WORK ZONE RE		1 -	LANE CLOSURE	IPE		BEFOR	RE THE 1S				, 1	,,,	00	1		2	
WORKERS PRE	SENT		LANE SHIFT/CRO WORK ON SHOUL		2 -	WARNING SIGN - ADVANCE WARNING AREA					 RAIGHT	LEVEL	l 1 - DRY	_	1 - CONCRETE		
LAW ENFORCE	MENT PRESENT		or MEDIAN			TRANSITION AREA					2 - STRAIGHT GRADE 2 - WET				2 - BLACKTOP,		
ACTIVE SCHOO	L ZONE		OTHER OTHER	OR MOVING WORK	P	ACTIVITY AREA TERMINATION AREA					3 - CURVE LEVEL 3 - SNOW				BITUMINOUS, ASPHALT		
I TGI	HT CONDITION			WEATH	FR						4 - CURVE GRADE 4 - ICE 9 - OTHER/UNKNOWN 5 - SAND, M				3 - BRICK/BLOCK		
1 - DAYLIGH	IT			LEAR	6 - SNOW						HENON	KINOVVIN		RAVEL			
2 - DAWN/DU	JSK .IGHTED ROADWA	Υ.	1	LOUDY OG. SMOG. SMOKE		CROSSWINDS G SAND, SOIL, DIRT, SNOW							6 - WATE MOVI		NDING,	5 - DIRT	
4 - DARK – F	ROADWAY NOT LIG	HTED	4 - R	AIN	9 - FREEZIN	NG RAIN OR FREEZING DRIZZLE / UNKNOWN							7 - SLUS			9 - OTHER/UNKNOWN	
9-OTHER/	JNKNOWN ROADW UNKNOWN	AT LIGHTING	5-3	LEET, HAIL	99 - UINEK/	/ ONKNOWN					9			R/UNKN	IOWN		
NARRATIVE							1 1	I I	I	I	l	T			N/N	Indicate the north	
Unit 1 was	_	-	-		- 1											direction with an "N" on the	
problems a				_	g					Scene	ePD ™ - Evalu	ation Edition			·	compass diagram.	
through the							E	valuation Edition	Evaluation		valuation Editio	on				1-	
patient, Me						Ev.	aluation Edition					Evaluation	Evaluation		aluation Edition	3	
HPD has no		-			t 2 did	Evaluation Edition Evaluation Edition Evaluation Edition											
not stay at	tne scene	. Unit 2	is unkno	wn.		EV	aluation Edition					Evaluation	Evaluation Edition		aluation Edition		
						Ev.	E aluation Edition	aluation Edition	Evaluation	n Edition	valuation Editio						
						Private property//No diagram atto 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							-		
_								Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition						14			
-								Evaluation Edition Tranche (877) 909-4777									
CRASH REPORT	ED DATE / TIME		DISPATCH DATE	/TIME	ARF	Trancis (877) 808-4777 RIVAL DATE / TIME SCENE CLEARED DATE / TIME				100,000	REPORT TAKEN BY						
1 1 0 5 2 0 2	3 135	4 110	52023	1439	1105	2 0 2	2,3, ;	439	9 1	10	5 2	0 2 3	3 1	4,3,9		POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TI	TOTA		S'S NAME*				CHECKED BY		CER'S	NAME*					MOTORIST SUDDIEMENT	
LOCULOUM BENEFIC	on the second and the second	HIIIO.I	nari	OW OFFICER'S BA	DGE NUMRFP	*	 ;			BY OFF	ICER'S	BADGE	NUMBER ³	k		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	
0	2 0	2_0	0	7 -		5 _	4	0	7	1		1	3	8			

OHIO DEPARTMENT
OF PUBLIC SAFETY
SAFETY - SERVICE - PROTECTION

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST								2 0 2 3 - 0 0 0 1 2 3 8 0										
UNIT #											D	ATE OF B	IRTH			AGE	GENDER	
0 1	DOBNER, ADAM ROBERT S: STREET, CITY, STATE, ZIP									0 7 / 1 1 / 1 9 9 3 3 0 M								
2	IARON VALLEY RD NEWARK, OH 43055									ONIA	D (NE - INCLU	DE AREA CO					
INJURIES	INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPM USED							EQUIPMENT	ПООТ	-Complia	SEATIN	G POSITION	AIR BAG	USAGE	EJECTION	TRAPPED		
<u>5</u>	BY					0 n2ED				<u></u> Шмс	т _О	1	1					
INJURIES OL STATE OH OH OH OH OH OH OH OH OH O	OPERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL OFFENS				NSE DESC	SCRIPTION CI					ION NU	MBER		
OL CLASS				IVER ALCOHOL / DRUG SUSPECTED			CON	CONDITION		ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO					
. 4	SELECT UP TO 2		BY	TRACTED	=		RIJUANA	1		STATUS	TYPE . 1	VAL	UE	1	TYPE 1	RESULI	SELECT UP TO 4	
UNIT #						THER DRUG				DATE OF BIRTH						AGE	GENDER	
0 2	, ,															1 1	I I	
ADDRESS:	STREET, CITY, ST	ATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE								
O NJURIES	INJURED	EMS AGENCY (NAME)		I		: MEDICAL FACILITY		CAFETY	EQUIPMENT	SEATING POSITION					AIR BAG USAGE EJECTION TRAPPED			
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED	IAKENTU	: WEDICAL FACILITY	(NAME, CITY)	USED	9 9		-COMPLIA HELME	MPLIANT			USAGE	EJECTION	TRAPPED	
ADDRESS: NON INJURIES OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAF	RGED	LOCAL	OFFE	NSE DESC	RIPTION				CITAT	TION NUMBER			
1010R															DRUG TEST(S)			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI LCOHOL MAI	E CTED RIJUANA	CON	IDITION	STATUS		L TEST VAL	UE :		TYPE		SELECT UP TO 4	
				9	0	THER DRUG		9	•	1	1	•		1	1		لــالــالــ	
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH					AGE	GENDER	
ADDRESS:	STREET, CITY, ST.	ATE, ZIP								CONTA	CT PHO	NE - INCLU	DE AREA CO	CODE				
TOR	,	•										1	1	1 1	1	1		
ADDRESS:	TAKEN	EMS AGENCY (NAME)		INJUREDT	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY	EQUIPMENT		-Complia	NT	G POSITION	AIR BAG	USAGE	EJECTION	TRAPPED	
	OL STATE OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL				OFFF	OFFENSE DESCRIPTION			ELMET			TATION NUMBER			
OL STATE				CODE														
OL CLASS	ENDORSEMENT SELECT UP TO 2			DISTRACTED		ALCOHOL / DRUG SUSP		CON	IDITION	ALCOHO STATUS TYPE		HOLTEST E VALUE S		DRU(STATUS TYPE		RESULT	SELECT UP TO 4	
			ВУ		=	LCOHOL MAI THER DRUG	RIJUANA	ļ,	ı	ļ. ,	1 1		, ,		ı			
	RIES	SEATING POSITION		IR BAG		OL CLAS	S	4 4000000000000000000000000000000000000	RESTRIC			IVER DI				ST STA	TUS	
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			1 - CLASS A 2 - CLASS B			COHOL INTER L INTRASTAT			NOT DISTRA MANUALLY			1 - NONE 2 - TEST F			
3 - SUSPECTED 4 - POSSIBLE IN		y 3 - FRONT - RIGHT SIDE			NT / SIDE	3 - CLASS C 4 - REGULAR CLASS			3 - CORRECTIVE LE			ELECTRONIC COMMUNI DEVICE (TEXTING, TYPI		INC 3-IESIGIV			VEN, CONTAMINATED	
5 - NO APPAREN					MI / SIDE	(0HI0 = D)	4 - FARM WAIVER 5 - EXCEPT CLASS		A BUS 3		DIALING) 3 - TALKING ON HANDS-FREE		EE	4 - TEST GIVEN, RESUL				
INJURED	INJURED TAKEN BY 5- SECOND-		9 - DEPLOYI	MENT UNKNO	OWN	5 - M/C MOPED ONLY 6 - NO VALID OL			CEPT CLASS A	4		COMMUNICA TALKING ON		02	UNKNO	GIVEN, RES DWN	ULIS	
1 - NOT TRANSP /TREATED AT		E 7-THIRD-LEFT SIDE EJECTION OL ENDORSEMENT 8-10							7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE			COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN			ALCOHOL TEST TYPE			
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 1 - NOT EJECTED 8 - THIRD - MIDDLE 2 - PARTIALLY EJECTED					H - HAZMAT RESTRICTIONS M - MOTORCYCLE 9 - LEARNER'S PER					ELECTRONIC DEVICE			1 - NONE 2 - BLOOD			
9 - OTHER / UNK	KNOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	P - PASSENGER RESTRICTIONS				7 - OTHER DISTRACTION			3 - URINE 4 - BREATH								
	SAFETY EQUIPMENT OF TRUCK CAB			Q - MOTOR SCOOTER 11 - LIMITED TO EI						MPLOYMENT 8 - OTHER DISTRACTION OF								
	1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,		TRAPPED R - THREE-WHEEL MOTORCYCLE 1-NOT TRAPPED S - SCHOOL BUS 13 - MECHANIC 13 - MECHANIC					CHANICAL DEVICES 9 - OTHER / UNKNOWN			DRUG TEST TYPE							
3 - LAP BELT ON	ILY USED & LAP BELT USED	PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	T - DOUBLE & TRIPLETRAILERS (SPECIAL BRAK CONTROLS, OR O				THER CONDITION			1 - NONE 2 - BLOOD								
	RAINT SYSTEM -	12 - PASSENGER IN UNENCLOSED CARGO AREA 3 - FREED BY NON-MECHANICAL MEANS NON-MECHANICAL MEANS				X - TANKER / HAZMAT ADAPTIVE DEVI 14 - MILITARY VEHI			1 - ALLANCETTE NOM				J ORINE					
	RAINT SYSTEM -	25 THREETING OWN					15 - MOTOR VEHICLE AIR BRAKES					S WITHOUT 3 - EMOTIONAL (E.G., DI ANGRY, DISTURBED)						
7 - BOOSTER SE		15 - NON-MOTORIST					16 - OUTSIDE MIRRO 17 - PROSTHETIC AI					1211233			1 - AMPHETAMINES			
8 - HELMET USI 9 - PROTECTIVE		99 - OTHER / UNKNOWN						18 - OTHER			F	5- FELL ASLEEP, FAINTED, FATIGUED, ETC. 6- UNDER THE INFLUENCE			2 - BARBITURATES 3 - BENZODIAZEPINES			
(ELBOW, KNE	EES, ETC.)										6 - UNDER THE IN OF MEDICATIO / ALCOHOL							
11 - LIGHTING - F	PEDESTRIAN											THER / UNI	(NOWN			ES / OPIOID	S	
99 - OTHER / UNKNOWN																₹ FIVE RESUL	.TS	

Ũ	OCCUPANT / WITNESS ADDENDUM									ort number 0 1 2	3 8	0				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE		DAT	E OF BIRTH		AGE	GENDER							
	01	PAYNE,	KIP MICHAEL		0 7 / 2	2 / 1 9	9 1	3 2	M							
OCCUPAN		STREET, CITY,	STATE, ZIP /ALLEY RD NEWAI	CONTACT PHONE - INCLUDE AREA CODE												
ĕ	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED							
	5	BY			MC HELMET	0 3	1	1	_1							
	UNIT #	NAME: LAS	T, FIRST, MIDDLE			DAT	E OF BIRTH		AGE	GENDER						
				LOUIZAGY DUDUE												
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE												
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
	BY						USED	MC HELMET	LL							
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER				
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE						
	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facili	TV (NAME CITY)	SAFETY EQUIPMENT		SEATING DOSITION	AID DAC HEACE	FIECTION	ON TRAPPED				
	INJURIES	TAKEN BY	EWIS AGENCY (NAME)		INJURED TAKEN TO: WEDICAL FACILITY	IT (NAME, CITY)	USED	DOT-COMPLIANT	SEATING POSITION	AIR BAU USAUE	EJEGITON					
٥	UNIT #	NAMELIAS	T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER				
		NAME: LAS	I, FIRSI, MIDDLE					DAI	E OF BIKTH		AUL	GLINDLK				
N V	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
OCCUPAN									1 1	1 1	1 1	1 1				
ä	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
		BY					USED	MC HELMET		L						
		INJU	IRIES	SAFET	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE					
	1 - FATA		DIOLO IN HIDY	1 - NONE US VEHICLE	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	ER)	1 - NOT DE							
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 2 - SHOULDE 3 - LAP BELT			ER BELT ONLY USED		IT – MIDDLE			2 - DEPLOYED FRONT 3 - DEPLOYED SIDE							
				ΓONLY USED		IT – RIGHT SIDI ND – LEFT SIDI		4 - DEPLOYED BOTH								
				ER & LAP BELT USED	(MOT	ORCYCLE PASS		FRONT								
	INJURED TAKEN BY FORWAR				ESTRAINT SYSTEM – D FACING		ND – MIDDLE ND – RIGHT SII	DE	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN							
					STRAINT SYSTEM -		D - LEFT SIDE	0.4.0.)	9 - DEPLO							
							ORCYCLE SIDE D – MIDDLE	CAR)	1 NOTEL	EJECTI	ON					
							D – RIGHT SIDE		1 - NOT EJECTED 2 - PARTIALLY EJECTED							
				IVE PADS USED		PER SECTION (ENGER IN OTH		3 - TOTALL								
					KNEES, ETC.)	CARG	O AREA (NON-TI	RAILING UNIT,	4 - NOT APPLICABLE							
					TVE CLOTHING G – PEDESTRIAN	12 - PASS	ENGER IN UNE		TRAPPED							
				/ BICYCL			O AREA LING UNIT		1 - NOTTRAPPED							
				99 - OTHER /	UNKNOWN		NG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS							
							TRAILING UNIT) MOTORIST			BY NON-ME	CHANIC	AL				
						99 - OTHE	R/UNKNOWN		MEANS	1						
SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER				
WITNESS	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	⊥ L DE						
≩			•								I					
i	NAME: LAS	ST, FIRST, MIDD	LE					DATE OF BIRTH AGE GENDER								
WITNESS																
MIT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
٥	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER								
SS	NAME: LAS	oı, FIRSI, MIDD	LE								AGE	GENDER				
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
≩	≱															