OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MA	ANDATORY FIELD FOR SUPPLEME	NT REPORT	2023-	O CAL REPORT NUMBER						
PHOTOS TAKEN OH-2 NOH-3	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR									
SECONDARY CRASH PRIVATE PROPERTY	507	1 - SOLVED 0 1 98 - ANIMAL 2 - UNSOLVED 0 99 - UNKNOWN									
COUNTY* LOCALITY* 1 - CITY 4 5 1 2 - VILLAGE HEATH	CRASH DATE / TIME* CRASH SEVERITY 1.1202023. 1814. 5 1- FATAL										
3-TOWNSHIP	2 - SERIOUS INJURY										
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NURTH 2 - SOUTH 3 - EAST 4 WEST	HOPEWELL		ROAD TYPE	40 03 3 9 9 1 3-MINOR INJURY							
T-WEST	REFERENCE ROAD NAME (ROAD.	MILEPOST. HOUSE #)	ROAD TYPE	LONGITUDE		SUSPECTED - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	701	,	1 []	-82,420		- PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION EDGIN DEFERDENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATE						
1-INTERSECTION 1-NORTH IR			D - ROAD Q - SQUARE	WITHIN INTE	RSECTION OR ON APPRO						
3 - HOUSE # 3 - EAST	- STATE ROUTE BL	- BOULEVARD MP - MILEPOST ST	T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
DISTANCE DISTANCE CR	NUMBERED COUNTY ROUTE I		E - TERRACE L - TRAIL	ROADWAY							
2-FEET	ROUTE		A - WAY	ROADWAY DIVIDED							
3 - YARDS		- HEIGHTS PL - PLACE	\ -								
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVE	R 1-NOT	NER OF CRASH COLLISION/IMPAC COLLISION 4 - REAR-TO-REAR	ž1	DIRECTION OF TRAVE	Alleste Hitto	AN TYPE FLUSH MEDIAN					
and the second s	TWO	WEEN 5-BACKING MOTOR 6-ANGLE		2 - SOUTH	(< 4 FEE						
4 - ON ROADSIDE 12 - SHARED U	SE PATHS OR TRA	NSPORT 7 - SIDESWIPE, SAME		3 - EAST 4 - WEST	(≥4 FEE	T)					
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANK	2 - REAI 3 - HEA	*			4 - DIVIDED,	DEPRESSED MEDIAN RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER / U	· · · · · · · · · · · · · · · · · · ·				(ANY TYPE) 9 - OTHER/UNKNOWN						
	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE					
	LANE CLOSURE	1 - BEFORE THE 1ST W WARNING SIGN		4	1	2					
	LANE SHIFT/CROSSOVER WORK ON SHOULDER	2 - ADVANCE WARNIN	Management of	1 - STRAIGHT LEVEL	1 - CONCRETE						
LAW ENFORCEMENT PRESENT	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA		2 - STRAIGHT GRADE	2 - BLACKTOP, BITUMINOUS,						
	OTHER	5 - TERMINATION ARE	Α	3 - CURVE LEVEL 3 - SNOW ASPHALT							
LIGHT CONDITION	WEATH	ER		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,					
1 - DAYLIGHT 3 2 - DAWN/DUSK	1-CLEAR 2-CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING,	STONE					
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DIRT,			MOVING)	5 - DIRT 9 - OTHER/UNKNOWN					
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZII 99 - OTHER / UNKNOWN	NG DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN						
9 - OTHER / UNKNOWN					, conclusion to						
NARRATIVE			E E		N' N	Indicate the north direction with					
Unit 1 was westbound on Ho 701 Hopewell drive. Unit 1 s						an "N" on the compass diagram.					
left turn into 701 Hopewell I		l l		ScenePD ™ - Evaluation Edition		· -					
enough and drove over a cu		Evelue	Evaluation ation Edition	Edition HOPEWELL DR	Evaluation Edition						
ditch. Unit 1 came to a rest			Elakuatio	Evaluation Edition							
		Evalua tion Edition (1)	ation Edition		Evaluation Edition	on					
				nit 1 Evaluation	dipon N						
		Evaluation Edition		N	ot To Scale Evaluation Edition	on —					
		Evalus	Evaluation ation Edition			,					
		Evaluation Edition		Evaluation I	1 HOPEWELL DR Evaluation Edition Edition	on					
		Evaluation Edition	Evaluation ation Edition	Evaluation Edition Edition							
		- STANGOT LANGE		Evaluation I	Evaluation Edition Evaluation Edition	on					
		Evaluation Edition	Evaluation ation Edition	Evaluation Edition Edition							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY					
Section 19 and 1	02023 1815		820 1	1202023		AND THE PERSON NAMED OF TH					
TOTAL TIME OTHER TOTAL		Сн	ECKED BY OFFI	CER'S NAME*		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINU	Harrow		mart	<u> </u>		SUPPLEMENT (CORRECTION OR ADDITION					
2 0 7 4	O 7 -	DGE NUMBER* 1 5 4	O 7	Y OFFICER'S BADGE N	3 8	TO AN EXISTING REPORT SENT TO ODPS)					

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

BARRIER

36 - MEDIAN OTHER BARRIER

OR SUPPORT

■ MOST HARMFUL EVENT

49 - FIRE HYDRANT

POSTED SPEED

5

99 - OTHER / LINKNOWN

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MARTY - REPRICE PARTICIPAL MOTORIST						2 0 2 3 - 0 0 0 1 2 9 1 2													
UNIT#										DATE OF BIRTH AGE GENDER									
0 1	FAWCETT, WALTER STEPHEN								0 9 / 0 6 / 1 9 7 7 4 6 M CONTACT PHONE - INCLUDE AREA CODE										
E	STREET, CITY, STATE, ZIP COLUMBUS ST THORNVILLE, OH 43076								CUNTAC	CIPHU	NE - INCL	UDE AREA CO	IDE						
I 142 L C		EMS AGENCY (NAME)	1 43070		AKENTO	: MEDICAL FACILITY	(NAME CITY)	SAFFI	TY EQUIPMENT			SFATI	NG POSITION	AIR BAG US	AGE EJECTION	TRAPPED			
INJURIES OL STATE O H	TAKEN BY			INCORED	AILLITTO	. MEDIONE INCLES	USED 0 4			DOT-COMPLIANT 0 1			_	3	1	3			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	E CHAF	RGED	LOCAL	OFF	FENSE DESC	RIPTION				CITATION NUMBER					
≅ о_н_				331.3	4		CODE	ALL	OTHER	OFFEN	ISES	ES 0		00450	004507000015411				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER ALCOHOL / DRUG SUSPECTED			ONDITION	ALCOHOL TEST STATUS TYPE VALUE				DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4							
4			BY	1	=	LCOHOL MAI THER DRUG	RIJUANA	1	1	1	,1			1 1	<u>.</u>				
UNIT #	NAME: LAST, F	FIRST, MIDDLE							DATE OF BIRTH					AGE	GENDER				
ADDRESS:	: STREET, CITY, ST.	ATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE				DE					
NJURIES	INJURED I	EMS AGENCY (NAME)		INJURED T	AKEN TO	: MEDICAL FACILITY	MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			T DOT-COMPLIANT SEATING POSITIO			NG POSITION	ON AIR BAG USAGE EJECTION TRAPPED					
	ВУ			USI						MC HELMET									
ADDRESS: ADDRESS: OL STATE OL STATE	E OPERATOR LICENSE NUMBER			OFFENS	FFENSE CHARGED LOCAL OFFENSE DI			FENSE DESC	CRIPTION				CITATION NUMBER						
oL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALC	DHOL / DRUG SUSPI	ECTED	CO	ONDITION	A STATUS	LCOHO	DL TEST	LUE S		RUG TEST(S	T SELECT UP TO 4			
			BY	INACTES	=	LCOHOL MAI THER DRUG	RIJUANA												
UNIT #	NAME: LAST, F	FIRST, MIDDLE			<u> </u>	THE K BROO					D	ATE OF	BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA C									UDE AREA CO	DDE									
0	I							1		ш				1 1	1 1	<u> </u>			
ADDRESS:	INJURED TAKEN BY INJURED INJURED TO INJURED			AKEN TO	FO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME USED				DOT-COMPLIANT SEATING POSITIO		NG POSITION	AIR BAG US	AGE EJECTION	TRAPPED					
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL C			OFF	FENSE DESC	RIPTION		CITATION NUMBER								
OL STATE OL OL CLASS	L CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVE		IVER ALCOHOL / DRUG SUSPECTED			ONDITION	ALCOHOL TEST			DRUG TEST(S)									
OL OLASS	SELECT UP TO 2			TRACTED		RIJUANA	CONDITION		STATUS TYPE VALUE		LUE S	STATUS TYPE RESULT SELECT							
					0	THER DRUG						• 💷							
INJU 1-FATAL	JRIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1 - CLASS A	S	0.0 400 CO. (CO.)	L RESTRIC ALCOHOL INTERI		same bases	NOT DISTR	ISTRACT RACTED	CONTRACTOR DESCRIPTION	TEST STA	ATUS			
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2-(CDL INTRASTATE	E ONLY	2-	MANUALLY	Y OPERATING	AN 2-	TEST REFUSED				
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LE		INSES		DEVICE (TEXTING, TYPING,		NC 3-	ON 3 - TEST GIVEN, CONTAMINATE SAMPLE / UNUSABLE				
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	5 - NOT APP	ED BOTH FROI	NI / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS A		A BUS 3.		DIALING)		4-	4 - TEST GIVEN, RESULTS KNOV				
		(MOTORCYCLE PASSENGER)	YMENT UNKNOWN 5 - M/C MOPED ONLY					EXCEPT CLASS A			3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			5 - TEST GIVEN, RESULTS					
FOR THE RESERVE OF TH	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE				6 - NO VALID OL			& CLASS B BUS	D TOALL ED			N HAND-HEL	> F	UNKNOWN				
1 - NOT TRANSP /TREATED AT		7 - THIRD – LEFT SIDE	E.	JECTION		OL ENDORSE	MENT	100000000000000000000000000000000000000	EXCEPT TRACTO INTERMEDIATE				TIVITY WITH.	ΔN	LCOHOL TE None	ST TYPE			
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJE			H - HAZMAT			RESTRICTIONS			PASSENGE	IIC DEVICE		BL00D				
3 - POLICE 9 - OTHER / UNK	(NOWN	9 - THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED		M - MOTORCYCLE P - PASSENGER			LEARNER'S PER RESTRICTIONS	MIT			TRACTION		URINE				
		10 - SLEEPER SECTION	4 - NOT APP			N - TANKER		10 - L	LIMITED TO DAY	LIGHT ONLY			E VEHICLE		BREATH				
1 - NONE USED	SAFETY EQUIPMENT 1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA			Q - MOTOR SCOOTER 11 - LIMITED TO EN APPED R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH				ER THE VEHICLE			CLE								
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 3 - LAP BELT ONLY USED PICK-UP WITH CAP)		1 - NOT TRAPPED S - SCHOOL BUS					13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND			9 - OTHER / UNKNOWN			1 - NONE					
	LAP BELT USED	12 - PASSENGER IN UNENCLOSED	NCLOSED MECHANICAL MEANS			T - DOUBLE & TRIPLE TRAILERS CONT			CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY		1.	CONDITION 1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE				
5 - CHILD REST	RAINT SYSTEM -	CARGO AREA 13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS			1					1 - ALLANCITIC NOMINAL				OTHER				
6 - CHILD REST	RAINT SYSTEM –	14 - RIDING ON VEHICLE EXTERIOR					15 - MOTOR VEHICLE AIR BRAKES		S WITHOUT		3 - EMOTIONAL (E.G., DEPRESSED			RUG TEST R	ESIJI T(S)				
REAR FACING		(NON-TRAILING UNIT) 15 - NON-MOTORIST	ON-TRAILING UNIT)			16 - OUTSIDE MI							ANGRY, DISTURBED) 4- ILLNESS		AMPHETAMINES				
7 - BOOSTER SE 8 - HELMET USI		99 - OTHER / UNKNOWN					17 - PROSTHET			PROSTHETIC AID			5 - FELL ASLEEP, FAINTED,		BARBITURATES				
9 - PROTECTIVE	PADS USED							18 - 0	OTHER	FATIGUED, ETC. 6- UNDER THE INFLUEN			3 - BENZODIAZEPINES		IES				
(ELBOW, KNE											- 1		TIONS / DRUG	is 4-	CANNABINOIDS COCAINE				
11 - LIGHTING - F	0-REFLECTIVE CLOTHING 1-LIGHTING - PEDESTRIAN / BICYCLE ONLY 9-OTHER/UNKNOWN									9- OTHER / UNKNOWN			6 - OPIATES / OPIOIDS						
															7 - OTHER				
77 - VIIIER / UNK														8-	8 - NEGATIVE RESULTS				

Ũ	OHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM						2023		RT NUMBER	9 1	2				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
LΝ	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT															
ĕ	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			
٥	UNIT #		T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER			
	J 1	NAME: LAS	i, Firsi, Middle						LOFBIKIN		AGL	GENDER			
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	A CODE					
00	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY) SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
8	UNIT #		T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						I I I						
OCCUPANT	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
9	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			SEATING POSITION AIR BAG			TRAPPED			
	INJUNIES	TAKEN BY	LING AGENCY (WANNE)		INJUNED PARENTO. MEDICAL PAGEE	TT (NAME, OTT)	USED	DOT-COMPLIANT MC HELMET	J. I. I	AIR BAG OSAGE	LILLI	I			
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
Ļ															
OCCUPANT	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
8	INJURIES					TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY					USED	MC HELMET							
	1		JRIES		EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATAL 1 - NONE US 2 - SUSPECTED SERIOUS INJURY VEHICLE				SED - 1 - FRONT - LEFT SIDE COCCUPANT (MOTORCYCLE DRIV ED REIT ONLY USED 2 - FRONT - MIDDLE										
	3 - SUSPECTED MINOR INJURY			R BELT ONLY USED	3 - DEPLOYED SIDE										
	5 - NO APPARENT INJURY INJURED TAKEN BY 1 - NOT TRANSPORTED				R & LAP BELT USED	ND – LEFT SIDI ORCYCLE PASS	=======================================			TH					
					STRAINT SYSTEM -		ND – MIDDLE ND – RIGHT SII) E	5 - NOT APPLICABLE						
					STRAINT SYSTEM -	7 - THIR	D – LEFT SIDE		9 - DEPLO						
						ORCYCLE SIDE D – MIDDLE	CAR)	1 - NOT F I	EJECTION 1 - NOT EJECTED						
						: OF TRUCK CAB	2 - PARTIALLY EJECTED								
					IVE PADS USED KNEES, ETC.)	ENGER IN OTH O AREA (NON-TI	ER ENCLOSED	3 - TOTALLY EJECTED							
					IVE CLOTHING)	4 - NOT APPLICABLE TRAPPED								
					G – PEDESTRIAN E ONLY	NCLOSED	1 - NOTTR	1 - NOTTRAPPED							
				99 - OTHER / U	UNKNOWN 13 - TRAILING UNIT 14 - RIDING ON VEHICLE			EXTERIOR 2 - EXTRICATED E			Y MECHANICAL				
						15 - NON-	TRAILING UNIT) MOTORIST			BY NON-MI	ECHANIC	AL			
	NAME: LAS	ST, FIRST, MIDD	ILE			77 - UINE	R / UNKNOWN	DAT	E OF BIRTH		AGE	GENDER			
WITNESS		CRISSY						0 8 / 2			4 5	F			
ΗM		ADDRESS: STREET, CITY, STATE, ZIP 756 SUNSET DR NEWARK, OH 43055 NAME: LAST, FIRST, MIDDLE							E - INCLUDE AREA CODE 4 0 4 7 1 2						
3								DATE OF BIRTH AGE GENDE							
WITNESS	ADDDESS	DRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE WAY TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE							
W								CONTACT PHONE - INCLUDE AREA CODE							
SS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDI							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	DE L					
S															