| OF PUBLIC SAFETY   |  |                                  | OH-3  | <b>≮EPORT</b> LOCAL INFOR                 |               | S MANDA               | TORY FIE                                   | LD FOR  | SUPPLI   | EMEN'                                 | T REPORT              | 2   | 0 2            | 3 -  | OCAL RE                                  |  | 1 3                                  |  |
|--|--|----------------------------------|-------|---|---------------|-----------------------|--|---|--|---------------------------------------|-----------------------|---|----------------|--|--|--|--------------------------------------|--|
| X PHOTOS TAKEN   |  |                                  |       |   |               |                       | CIC*<br><b>5 0 7</b>                       | L   | HIT/SK<br>1 - SC<br>1 2 - UN                                 |                                       | NUMBER                |   |                | UNIT IN ERROR  98 - ANIMAL 99 - UNKNOWN                                      |  |  |                                      |  |
| COUNTY* LOCALITY* LOCATION:CITY, VILLAGE, TOWNSHIP*  4.5 1 2-VILLAGE 3-TOWNSHIP  HEATH   |  |                                  |       |   |               |                       |  | CRASH DATE / TIME * CRASH SEVERITY  1.2022023   |  |                                       |                       |   |                |  |  |  |                                      |  |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH LOCATION ROAD NAME  |  |                                  |       |   |               |                       |  |   |  | 1948                                  | OAD TYPE              | 2 1411  |                |  |  |  | SUSPECTED<br>MINOR INJURY            |  |
| 2 3-EAST 30TH  |  |                                  |       |   |               |                       |  |   | ٤  | · · · · · · · · · · · · · · · · · · · | 4.0                   | SUSPECTE  |                |  |  |  | SUSPECTED                            |  |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - SOUTH 3 - EAST 4 - SOUTH 4 - SOUTH 5 - SOUTH 5 - SOUTH 6 - SOUTH 6 - SOUTH 7 - SOUTH 7 - SOUTH 8 - SOU |  |                                  |       |   |               |                       | USE #)                                     | ľ   | R  | OAD TYPE                              | -82                   |   |                | 2 8  |  | 5 -  | INJURY POSSIBLE PROPERTY DAMAGE ONLY |  |
| REFERENCE POINT DIRECTION ROUTE TYPE   |  |                                  |       |   |               |                       | ROAD                                       | TYPE  | <u> </u>   | l l                                   |                       |   |                | INTERSE  |  |  | ONLI                                 |  |
| 1-INTERSECTION 1-NORTH IR -INTERSTATE ROUTE(TP) AL -ALLEY  |  |                                  |       |   |               |                       | HW-HI                                      |   |  | ROAD                                  |                       | WITH  | IIN INTE       | RSECTIO  | N or ON                                  | APPR0A0  | EH .                                 |  |
| 3 - HOUSE #  | 4 - WEST   SR - STATE ROUTE   BL - BOULEVARD |                                  |       |   |               |                       |  |   | MILEPOST ST - STREET WITHIN INTERCHANGE AREA NUMBER OF APPRO |                                       |                       |   |                |  | BER OF APPROACHES                        |  |                                      |  |
| DISTANCE<br>FROM REFERENCE   |  | ISTANCE<br>OF MEASURE            |       | NUMBERED CO                               |               | CR - CIR              |  |   | - OVAL TE - TERRACE C- PARKWAY TL - TRAIL ROADWAY            |                                       |                       |   |                |  |  |  |                                      |  |
|  |  | 1 - MILE<br>2 - FEET<br>3 - YARD |       | NUMBERED TO<br>ROUTE                      | WNSHIP        | DR - DRI'<br>HE - HEI |  | PI - PI<br>PL - PL  |  | WA -                                  | - WAY                 | ROADWAY DIVIDED   |                |  |  |  |                                      |  |
| 1 - ON ROADWAY 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING 4 - ON ROADSIDE 5 - ON GORE 12 - SHARED USE PATHS OR TRAILS 2 - REAR-END 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 7 2 - REAR-END 8  |  |                                  |       |   |               |                       | ISION 4<br>N 5<br>TOR 6<br>S IN 6<br>ORT 7 | H COLLISION/IMPACT 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN |  |                                       |                       | DIRECTION OF TRAVEL  1 - NORTH  2 - SOUTH  3 - EAST  4 - WEST |                |  | 2 - DI<br>( ;<br>3 - DI<br>4 - DI<br>( A | MEDIAN TYPE  1 - DIVIDED FLUSH MEDIAN ( < 4 FEET )  2 - DIVIDED FLUSH MEDIAN ( ≥ 4 FEET )  3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN |                                      |  |
| WORK ZONE RE   | ELATED                                       |                                  |       | WORK ZONE                                 | ГҮРЕ          | į                     | LOCATION                                   | OF CE   | RASH IN  | work                                  | ZONE                  |   | CONTO          | UR   | co                                       | NDITIO   | NS                                   | SURFACE  |
| WORKERS PRE  | SENT   |                                  |       | ANE CLOSURI                               |               |                       |  | - BEFORE THE 1ST WORK ZONE<br>WARNING SIGN  |  |                                       |                       | 1   |                |  | ļ  | 1 .  |                                      | _2   |
| LAW ENFORCE  | MENT PRE                                     | SENT L                           | , 3-1 | WORK ON SHOU<br>OR MEDIAN                 |               |                       | 140  | ADVANCE WARNING AREA TRANSITION AREA  |  |                                       |                       | 1 - STRAIGHT LEVEL 1 - DRY                                    |                |  |  |  | 1 - CONCRETE                         |  |
|  |  |                                  | 4 - I | INTERMITTEN                               | T OR MOVING V | VORK                  | 4 -  | ACTIVITY AREA   |  |                                       |                       | 2 - STRAIGHT GRADE 2 - WET 3 - CURVE LEVEL 3 - SNOW           |                |  | ı  |  | 2 - BLACKTOP,<br>BITUMINOUS,         |  |
| ACTIVE SCHOO   | IL ZONE                                      |                                  | 5 - ( | OTHER                                     |               |                       | 5 -  | TERMI   | NATION   | AREA                                  | EA CHRIST CRAPE A TOP |   |                |  |  | ASPHALT<br>3 - BRICK/BLOCK   |                                      |  |
| 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 3 - FOG, SMOG, SMOKE 8 - BLOWIN 4 - RAIN 9 - FREEZIN   |  |                                  |       |   |               |                       | SEVERE (<br>BLOWING<br>FREEZIN             | CROSSWINDS<br>G SAND, SOIL, DIRT, SNOW<br>IG RAIN OR FREEZING DRIZZLE<br>/ UNKNOWN  |  |                                       |                       | 7 -   |                |  | OIL, (<br>6 - WATE<br>MOVI<br>7 - SLUS   | - SAND, MUD, DIRT,<br>OIL, GRAVEL<br>- WATER (STANDING,<br>MOVING)<br>- SLUSH<br>- OTHER/UNKNOWN   |                                      | 4 - SLAG, GRAVEL,<br>STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN  |
| 9-OTHER/   | UNKNOWN                                      |                                  |       | = (-4111111111111111111111111111111111111 |               |                       |  |   |  |                                       |                       |   |                |  |  |  |                                      |  |
| NARRATIVE  Unit 1 and O  St., near Til   |  |                                  |       | _   |               |                       |  | -   | 1  | 1                                     |                       | 1.  |                |  |  | 1  |                                      | Indicate the north direction with an "N" on the compass diagram.   |
| and unit 2 v   |  |                                  |       |   |               |                       |  |   |  |                                       | Evaluatio             | Ev  | PD ™ - Eval    | luation Edition  | 850 \$                                   | S 30th St  |                                      |  |
| lanes into t   |  |                                  |       |   |               | _                     | ove  | Eva   | luation Edition  | Evaluation                            |                       | II Edition  | l i            |  |  |  | aluation Edition                     |  |
| off the righ   | t side                                       | of roa                           | dway. | Unit 2                                    | struck a      | curb                  | and  |   |  |                                       | Evaluatio             | E)  | valuation Edit | Evaluation   | Evaluation<br>Edition                    | on Edition   |                                      |  |
| then a post  |  |                                  |       |   |               |                       |  | Eva   | luation Edition  | Evaluation                            | Edition               |   |                | Evaluation   | Evaluation                               |  | aluation Edition                     |  |
|  |  |                                  |       |   |               |                       |  | FIG.  | luation Edition  | Evaluation                            | Evaluatio<br>Point    | n Edition   | Post Edit      | tion   |  |  |                                      |  |
|  |  |                                  |       |   |               |                       |  |   | autroll  |                                       |                       |   | aluation Edit  | Evaluation tion  | 875 6/30th<br>Edition                    | o <b>6</b> Edition   | aluation Edition                     |  |
|  |  |                                  |       |   |               |                       |  | Eva   | luation Edition  | Evaluation                            | Evaluatio<br>Edition  |   |                |  |  |  | aluation Edition                     |  |
|  |  |                                  |       |   |               |                       |  |   |  |                                       | Elvaluatio            | Edition   | 1              | Evaluation   | Evaluation<br>Edition                    | on Edition   |                                      |  |
|  |  |                                  |       |   |               |                       |  |   | luation Edition  | Evaluation                            | Edition               |   |                | Not To   | Evaluation                               | Ev<br>on Edition   | aluation Edition                     |  |
| Evaluation Edition Edition   |  |                                  |       |   |               |                       |  |   |  | valuation Edit                        | Evaluation<br>tion    | Edition   |                |  |  |  |                                      |  |
| Trancite (977) 908-4777  |  |                                  |       |   |               |                       |  |   |  |                                       |                       |   |                |  |  |  |                                      |  |
| CRASH REPORT   |  |                                  |       | DISPATCH DAT<br>2 2 0 2 3                 |               | 3 1 2                 |  |   | ATE / TII  |                                       | 3 6 1                 |   |                |  |  | ме<br>В <b>2</b> 9   | NZ I                                 | PORT TAKEN BY POLICE AGENCY  |
| TOTAL TIME   | ОТН  | IER                              | TOTAL | OFFICE                                    | R'S NAME*     |                       |  |   |  | Снеск                                 | CED BY OFF            |   |                |  |  |  | 10                                   | MOTORIST   |
| ROADWAY CLOSED INVESTIGATION TIME MINUTES HARIOW  OFFICER'S BADGE NUMBER   |  |                                  |       |   |               | k                     |  | Sm  | (CORRECTION o  |                                       |                       |   |                | SUPPLEMENT<br>(CORRECTION OR ADDITION<br>TO AN EXISTING REPORT SENT TO ODPS) |  |  |                                      |  |
| .0   | 2 0  |                                  | 7 6   | 0   | 7 .           | - 1                   |  |   | 4  | 0                                     | 7                     | . J   |                | 1  | 3  | 8  |                                      | oren en en 1904, 1925, 1934 (1934), 4664, 1977, 1935, 1935, 1935, 1935, 1935, 1935, 1935, 1935, 1935, 1935, 19 |

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

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

■ MOST HARMFUL EVENT

1

3

| OHIO DI<br>OF PUB<br>SAFETY - SEI      | OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST                                     |  |  |                               |   |  |                    |  | 2 0 2 3 - 0 0 0 1 3 3 7 0         |  |                                       |  |                  |  |  |
|--|--|--|--|-------------------------------|---|--|--------------------|--|-----------------------------------|--|---------------------------------------|--|------------------|--|--|
| UNIT #                                 | NAME: LAST, FIRST, MIDDLE  |  |  |                               |   |  |                    |  | DATE OF BIRTH AGE                 |  |                                       |  |                  |  |  |
| 0 1                                    | BEVERLY  |  |  |                               |   | 0 6 / 0 5 / 1 9 8                                  |                    |  | 4 0                               | M  |                                       |  |                  |  |  |
| ADDRESS                                | STREET, CITY, STATE, ZIP   |  |  |                               |   |  |                    |  | CONTACT PHONE - INCLUDE AREA CODE |  |                                       |  |                  |  |  |
| 1391 S                                 | WANS RD I  | VANS RD NEWARK, OH 43055                         |  |                               |   |  |                    |  |                                   |  |                                       | , ,  |                  |  |  |
| 1391 S WINJURIES                       | INJURED EMS AGENCY (NAME) INJURED TAKEN  |  |  |                               |   | TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT |                    |  | <b>ДОТ-С</b> ом                   | SEATING POSITIO                                | N AIR BAG US                          | AGE EJECTION   | TRAPPED          |  |  |
| <u>5</u>                               | BY   |  |  |                               |   |  | 0 4                |  |                                   | MC HELMET 0 1                                  |                                       |  | 1 1 1            |  |  |
| OL STATE                               | OPERATOR L   | OFFENSE CHARGED LOCAL CODE                       |  |                               |   | OFFENSE DESC                                       | DESCRIPTION        |  |                                   | NUMBER   |                                       |  |                  |  |  |
| ОН                                     |  |  |  | 331.08                        |   |  |                    | 331.08   |                                   |  |                                       | 7000015  |                  |  |  |
| ≥ OL CLASS                             | SELECT UP TO 2   | RESTRICTION SELECT                               | DIST   | VER<br>Tracted                | _   | DHOL / DRUG SUSPI<br>LCOHOL   MAI                  |                    | CONDITION  | STATUS TY                         | DHOL TEST<br>PE VALUE                          |                                       | RUG TEST(S<br>YPE RESUL                              | T SELECT UP TO 4 |  |  |
| . 4                                    |  |  | BY   | 1                             | =   | THER DRUG  | NIJUANA            | 1 1  | 1 1                               |  | .1 .1                                 | <u>.  </u>   |                  |  |  |
| UNIT #                                 | NAME: LAST, FIRST, MIDDLE  |  |  |                               |   |  |                    |  | DATE OF BIRTH                     |  | AGE                                   | GENDER   |                  |  |  |
| 0 2                                    | MARTINEZ, TAYLOR MARIE   |  |  |                               |   |  |                    |  | 0 2 /                             | 0 2 / 0 4 / 1 9 9 5 2 8                        |                                       |  |                  |  |  |
| ADDRESS                                | S: STREET, CITY, ST  |  |  |                               |   |  |                    |  | CONTACT PHONE - INCLUDE AREA CODE |  |                                       |  |                  |  |  |
| ADDRESS<br>20 44 S 20<br>INJURIES<br>5 | 8TH ST NEV   | WARK, OH 43055                                   |  |                               |   |  |                    |  |                                   |  |                                       |  |                  |  |  |
| INJURIES                               | INJURED I  | EMS AGENCY (NAME)                                |  | INJURED                       | TAKEN TO  | : MEDICAL FACILITY                                 | (NAME, CITY)       |  | DOT-COM                           | SEATING POSITIO                                | AIR BAG USAGE EJECTION TRAPPED        |  |                  |  |  |
| 5<br>2                                 | BY   |  |  |                               |   |  |                    | USED 0 4   | DOT-COMPLIANT O 1                 |  | 1 1                                   |  | 1 1              |  |  |
|  | OPERATOR L   | ICENSE NUMBER                                    |  | OFFEN                         | SE CHAI   | RGED   | LOCAL              | OFFENSE DESC                                       | RIPTION                           | 1  | CITATION NUMBER                       |  |                  |  |  |
| OL STATE                               |  |  |  | CODE                          |   |  |                    |  |                                   |  |                                       |  |                  |  |  |
| OL CLASS                               |  |  |  | IVER ALCOHOL / DRUG SUSPECTED |   |  |                    | CONDITION  | ALCO<br>STATUS TY                 | DHOL TEST<br>PE VALUE                          |                                       | RUG TEST(S<br>YPE   RESUL                            | T SELECT UP TO 4 |  |  |
| 4                                      |  |  | ВУ   | 1                             | =   | LCOHOL MAI<br>THER DRUG                            | RIJUANA            | 1  | 1 1                               |  | 1 1                                   | L  |                  |  |  |
| UNIT #                                 | NAME: LAST, F  | FIRST MIDDLE                                     |  |                               | υ۰  | INEK DRUG  |                    |  |                                   | DATE OF BIRTH                                  |                                       | AGE  | GENDER           |  |  |
|  | TVAILE CASI,   | mon made   |  |                               |   |  |                    |  | l                                 |  |                                       |  |                  |  |  |
| ADDRESS                                | S: STREET, CITY, ST.   | ATE, ZIP   |  |                               |   | ·  |                    |  | CONTACT P                         | HONE - INCLUDE AREA O                          | CODE                                  |  |                  |  |  |
| TORI                                   |  |  |  |                               |   |  |                    |  |                                   |  | 1 1                                   |  |                  |  |  |
| ADDRESS ADDRESS                        |  | EMS AGENCY (NAME)                                |  | INJURED.                      | TAKEN TO  | : MEDICAL FACILITY                                 | (NAME, CITY)       |  | DOT 0                             | SEATING POSITIO                                | N AIR BAG US                          | AGE EJECTION   | TRAPPED          |  |  |
|  | TAKEN<br>BY  |  |  |                               |   |  |                    | USED   | DOT-COM                           |  | 1.                                    |  |                  |  |  |
| OL STATE                               | DL STATE OPERATOR LICENSE NUMBER   |  |  | OFFENSE CHARGED LOCAL         |   |  | OFFENSE DESC       | ESCRIPTION   |                                   |  | CITATION NUMBER                       |  |                  |  |  |
|  | J  |  |  | CODE                          |   |  |                    |  |                                   |  |                                       |  |                  |  |  |
| OL CLASS                               | ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT                               |  | VER<br>TRACTED                |   | DHOL / DRUG SUSPI                                  |                    | CONDITION  | STATUS TY                         | PE VALUE                                       |                                       | RUG TEST(S<br>YPE   RESUL                            | T SELECT UP TO 4 |  |  |
|  |  |  | BY   |                               | =   | LCOHOL MAI<br>THER DRUG                            | RIJUANA            |  |                                   |  |                                       |  |                  |  |  |
| INJ                                    | URIES  | SEATING POSITION                                 | A  | IR BAG                        | Шυ  | OL CLAS  | s                  | OL RESTRIC   | TION(S)                           | DRIVER DISTRAC                                 | TION                                  | TEST STA   | TUS              |  |  |
| 1 - FATAL                              |  | 1 - FRONT – LEFT SIDE<br>(MOTORCYCLE DRIVER)     | 1 - NOT DEP                                      |                               |   | 1 - CLASS A  |                    | 1 - ALCOHOL INTER                                  | LOCK DEVICE                       | 1 - NOT DISTRACTED                             |                                       | NONE GIVEN   |                  |  |  |
|  | D SERIOUS INJURY<br>D MINOR INJURY   | 2 - FRONT - MIDDLE                               | 2 - DEPLOYI<br>3 - DEPLOYI                       |                               |   | 2 - CLASS B<br>3 - CLASS C                         |                    | 2 - CDL INTRASTAT<br>3 - CORRECTIVE LE             |                                   | 2 - MANUALLY OPERATIN<br>ELECTRONIC COMMUN     | NICATION 3-                           | TEST REFUSED<br>TEST GIVEN, CON                      | ITAMINATED       |  |  |
| 4 - POSSIBLE I                         |  | 3 - FRONT - RIGHT SIDE                           |  | ED BOTH FRO                   | NT / SIDE   | 4 - REGULAR CLASS                                  |                    | 4 - FARM WAIVER                                    |                                   | DEVICE (TEXTING, TY<br>DIALING)                | PING,                                 | SAMPLE / UNUSA                                       | ABLE             |  |  |
| 5 - NO APPARE                          | NT INJURY  | (MOTORCYCLE PASSENGER)                           |  |                               | NOT APPLICABLE (OHIO = D)  DEPLOYMENT UNKNOWN 5 - M/C MOPED |  |                    | 5 - EXCEPT CLASS                                   |                                   | 3 - TALKING ON HANDS-F<br>COMMUNICATION DEV    | REE _                                 | 4 - TEST GIVEN, RESULTS I<br>5 - TEST GIVEN, RESULTS |                  |  |  |
| INJURED                                | TAKEN BY   | 5 - SECOND - MIDDLE                              | 9-DEPLUYI  | WENT UNKN                     | JWN   | 6 - NO VALID OL                                    |                    | 6 - EXCEPT CLASS .<br>& CLASS B BUS                | A                                 | 4 - TALKING ON HAND-HE                         | LD                                    | UNKNOWN  |                  |  |  |
| 1 - NOT TRANS<br>/TREATED              |  | 6 - SECOND – RIGHT SIDE<br>7 - THIRD – LEFT SIDE | EJ   | JECTION                       |   | OL ENDORSE   | MENT               | 7 - EXCEPT TRACTO<br>8 - INTERMEDIATE              |                                   | COMMUNICATION DEV  5 - OTHER ACTIVITY WITH     | - ΔN A                                | LCOHOL TE  | ST TYPE          |  |  |
| 2 - EMS                                |  | (MOTORCYCLE SIDE CAR)<br>8 - THIRD – MIDDLE      | 1 - NOT EJE                                      |                               |   | H - HAZMAT   |                    | RESTRICTIONS                                       |                                   | ELECTRONIC DEVICE                              | 1-                                    | NONE<br>BLOOD  |                  |  |  |
| 3 - POLICE<br>9 - OTHER / UN           | KNOWN  | 9 - THIRD - RIGHT SIDE                           | 2 - PARTIAL<br>3 - TOTALLY                       | LY EJECTED<br>EJECTED         |   | M - MOTORCYCLE<br>P - PASSENGER                    |                    | 9 - LEARNER'S PER<br>RESTRICTIONS                  | RMIT                              | 6 - PASSENGER<br>7 - OTHER DISTRACTION         |                                       | URINE  |                  |  |  |
|  |  | 10 - SLEEPER SECTION OF TRUCK CAB                | 4 - NOT APP                                      |                               |   | N - TANKER   |                    | 10 - LIMITED TO DAY                                |                                   | INSIDE THE VEHICLE                             |                                       | BREATH   |                  |  |  |
| 1 - NONE USED                          | JI DACCENCED IN OTHER  |  |  | PADDED                        |   |  |                    | 11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER |                                   | 8 - OTHER DISTRACTION OUTSIDE<br>THE VEHICLE   |                                       |  |                  |  |  |
|  | 2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT)                                |  |  | K-IHKEE-WHEEL WOTOKGTGEE      |   |  |                    | 13 - MECHANICAL D<br>(SPECIAL BRAK                 |                                   | 9 - OTHER / UNKNOWN                            | 1-                                    | DRUG TEST TYPE<br>1-NONE                             |                  |  |  |
| 3 - LAP BELT C                         | NLY USED<br>& LAP BELT USED  | PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED  | ATED BY VICAL MEANS T - DOUBLE & TRIPLE TRAILERS |                               |   |  | CONTROLS, OR O     | THER CONDITION                                     |                                   |  | 2 - BL00D                             |  |                  |  |  |
| 5 - CHILD RES                          | TRAINT SYSTEM -  | CARGO AREA 3-FREED B                             |  |                               | BY X - TANKER / HAZMAT                                      |  |                    |  | CLES ONLY                         | 1 - APPARENTLY NORMAL  2 - PHYSICAL IMPAIRMENT |                                       | 3 - URINE<br>4 - OTHER                               |                  |  |  |
|  | FORWARD FACING 13 - TRAILING UNIT 6 - CHILD RESTRAINT SYSTEM 14 - RIDING ON VEHICLE EXTERIOR |  |  | NON-MECHANICAL MEANS          |   |  |                    | 15 - MOTOR VEHICLE<br>AIR BRAKES                   | E THI GIONE IN MININE             |  | ESSED,                                | o,   |                  |  |  |
| REAR FACII                             | NG   | (NON-TRAILING UNIT) 15 - NON-MOTORIST            |  |                               |   |  | 16 - OUTSIDE MIRRO | IR .   | 4- ILLNESS                        |  | DRUG TEST RESULT(S)  1 - AMPHETAMINES |  |                  |  |  |
|  | , possilit semi  |  | NON-MOTORIST<br>OTHER / UNKNOWN                  |                               |   |  |                    | 17 - PROSTHETIC AII                                | )                                 | 5 - FELL ASLEEP, FAINTED<br>FATIGUED, ETC.     |                                       | 2 - BARBITURATES                                     |                  |  |  |
| 9 - PROTECTIV<br>(ELBOW, KN            | 'E PADS USED   |  |  |                               |   |  | 18 - OTHER         |  | 6- UNDER THE INFLUENCE            | E ,  | 3 - BENZODIAZEPINES                   |  |                  |  |  |
| 10 - REFLECTIV                         |  |  |  |                               |   |  |                    |  |                                   | OF MEDICATIONS / DRU<br>/ ALCOHOL              | 165                                   | 4 - CANNABINOIDS<br>5 - COCAINE                      |                  |  |  |
|  | 10-KELECTIVE COOTHING 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY                                |  |  |                               |   |  |                    |  |                                   | 9-OTHER/UNKNOWN                                |                                       | 6 - OPIATES / OPIOIDS                                |                  |  |  |
| 99 - OTHER / UN                        |  |  |  |                               |   |  |                    |  | 7 - OTHER<br>8 - NEGATIVE RESULTS |  |                                       |  |                  |  |  |

| Ũ                         | OHIO DEPARTMENT OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM  |                                    |                   |                    |                                    |                                |   | 2023                              | - 0 0                                | RT NUMBER                 | 3 7      | 0       |  |  |  |  |
|---------------------------|---|------------------------------------|-------------------|--------------------|------------------------------------|--------------------------------|---|-----------------------------------|--------------------------------------|---------------------------|----------|---------|--|--|--|--|
|                           | UNIT #  | T # NAME: LAST, FIRST, MIDDLE      |                   |                    |                                    |                                |   |                                   | DATE OF BIRTH AGE GENE               |                           |          |         |  |  |  |  |
|                           | 02  | DUNLA                              | P, KILEE          |                    | 0 4 / 0 7 / 2 0 1 1 1 2            |                                |   |                                   |                                      |                           |          |         |  |  |  |  |
|                           | ADDRESS   | SS: STREET, CITY, STATE, ZIP       |                   |                    |                                    |                                |   |                                   | CONTACT PHONE - INCLUDE AREA CODE    |                           |          |         |  |  |  |  |
| OCCUPAN                   | 7405 F  | FAIRMOUNT RD THORNVILLE, OH 43076  |                   |                    |                                    |                                |   |                                   |                                      |                           |          |         |  |  |  |  |
| ĕ                         | INJURIES  | INJURED<br>TAKEN                   | EMS AGENCY (NAME) | DOT-COMPLIANT      | SEATING POSITION                   | AIR BAG USAGE                  | EJECTION  | TRAPPED                           |                                      |                           |          |         |  |  |  |  |
|                           | 5   | BY                                 |                   | USED 0 4           | MC HELMET                          | 0 3                            | 1   | <b>_1</b>                         | _1                                   |                           |          |         |  |  |  |  |
| ì                         | UNIT#   | NAME: LAS                          | ST, FIRST, MIDDLE |                    | '                                  | DAT                            | E OF BIRTH  |                                   | AGE                                  | GENDER                    |          |         |  |  |  |  |
|                           | 02  | DUNLA                              | P, ISABELLE       |                    |                                    |                                |   | 0 3 / 1                           | _i <b>1</b> _i <b>0</b>              | 1 3                       | F        |         |  |  |  |  |
| PAN                       | ADDRESS   | : STREET, CITY,                    | , STATE, ZIP      | CONTACT PHONE      | - INCLUDE AREA CO                  | DE                             |   |                                   |                                      |                           |          |         |  |  |  |  |
| CCUPAN                    | 7405 F  | FAIRMOUNT RD THROENVILLE, OH 43076 |                   |                    |                                    |                                |   |                                   |                                      |                           |          |         |  |  |  |  |
| ٥                         | INJURIES INJURED EMS AGENCY (NAME) TAKEN  |                                    |                   |                    | 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                         | 1                                    | _1                        |          |         |  |  |  |  |
|                           | UNIT #  | IT # NAME: LAST, FIRST, MIDDLE     |                   |                    |                                    |                                |   | DAT                               | E OF BIRTH                           |                           | AGE      | GENDER  |  |  |  |  |
|                           | 02  | 02 MARTINEZ, ARIELLA               |                   |                    |                                    |                                |   |                                   | 0 9 / 0 9 / 2 0 2 2 F                |                           |          |         |  |  |  |  |
| PAN                       |   | : STREET, CITY,                    |                   |                    |                                    |                                |   | CONTACT PHONE                     | - INCLUDE AREA CO                    | DE                        |          |         |  |  |  |  |
| OCCUPAN                   |   |                                    | EWARK, OH 4305!   | 5                  | I                                  |                                |   |                                   |                                      |                           |          |         |  |  |  |  |
|                           |   | INJURED<br>TAKEN                   | EMS AGENCY (NAME) |                    | INJURED TAKEN TO: MEDICAL FACILIT  | TY (NAME, CITY)                | SAFETY EQUIPMENT  | DOT-COMPLIANT                     | SEATING POSITION                     | _                         |          | TRAPPED |  |  |  |  |
| ٤                         |   |                                    |                   |                    |                                    |                                | 0 5   |                                   | 0 4<br>E OF BIRTH                    | 1                         | 1        | _1      |  |  |  |  |
|                           | UNIT #  |                                    | ST, FIRST, MIDDLE |                    |                                    |                                |   |                                   |                                      |                           | AGE      | GENDER  |  |  |  |  |
| Ę                         | 02  | MARTI                              | NEZ, ZYLER        |                    |                                    |                                |   |                                   |                                      | 0 7 / 3 0 / 2 0 1 2 1 1 M |          |         |  |  |  |  |
| OCCUPAN                   |   |                                    | IEWARK, OH 4305   | E                  |                                    |                                |   | CONTACT PHONE - INCLUDE AREA CODE |                                      |                           |          |         |  |  |  |  |
| 9                         |   | INJURED                            | EMS AGENCY (NAME) |                    | INJURED TAKEN TO: MEDICAL FACILITY | TY (NAME CITY)                 | SAFETY EQUIPMENT  |                                   | SEATING POSITION                     | AIR BAG USAGE             | EJECTION | TRAPPED |  |  |  |  |
|                           | 3   | TAKEN<br>BY 1                      | Newark FD         |                    | THOUSE PARENTO. INCOME PAGE        | TT (NAME, CITT)                | USED 0 4  | DOT-COMPLIANT MC HELMET           | . 0 . 5 .                            | 1                         | 1        | 1       |  |  |  |  |
|                           |   |                                    | JRIES             | SAFET              | Y EQUIPMENT USED                   |                                | SEATING POS   | ITION                             |                                      | AIR BAG U                 | الـ      |         |  |  |  |  |
|                           | 1 - FATAL 1 - NONE US   |                                    |                   |                    |                                    | T – LEFT SIDE                  | 1 - NOT DEPLOYED  |                                   |                                      |                           |          |         |  |  |  |  |
|                           | 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  VEHICLE 2 - SHOULDE 4 - SHOULDE |                                    |                   | OCCUPANT           |                                    | ORCYCLE DRIV                   | ER)   | 2 - DEPLO                         | 2 - DEPLOYED FRONT                   |                           |          |         |  |  |  |  |
|                           |   |                                    |                   | ER BELT ONLY USED  |                                    | IT – MIDDLE<br>IT – RIGHT SIDI | Ξ   | 3 - DEPLO                         | YED SIDE                             |                           |          |         |  |  |  |  |
|                           |   |                                    |                   | ER & LAP BELT USED |                                    | ND - LEFT SID                  |   |                                   | 4 - DEPLOYED BOTH<br>FRONT/SIDE      |                           |          |         |  |  |  |  |
|                           |   |                                    |                   | ESTRAINT SYSTEM -  |                                    | ORCYCLE PASS<br>ND – MIDDLE    | ENGER)  | 5 - NOT APPLICABLE                |                                      |                           |          |         |  |  |  |  |
|                           | INJURED TAKEN BY FORWAR   |                                    |                   |                    | D FACING                           |                                | ND – RIGHT SII  | DE                                | 9 - DEPLO                            |                           |          |         |  |  |  |  |
|                           |   |                                    |                   |                    | ESTRAINT SYSTEM –                  |                                | D – LEFT SIDE<br>ORCYCLE SIDE                               | CAR)                              |                                      |                           |          |         |  |  |  |  |
|                           | 2 - EMS 7 - BOOSTER   |                                    |                   |                    | 8 - THIR                           | D – MIDDLE                     |   | 1 - NOT EJ                        | EJECTI<br>ECTED                      | UN.                       |          |         |  |  |  |  |
|                           | 3 - POLICE 8 - HELMET   |                                    |                   |                    | USED                               |                                | D – RIGHT SIDE<br>PER SECTION (                             |                                   | 2 - PARTIA                           |                           |          |         |  |  |  |  |
|                           |   |                                    |                   | TIVE PADS USED     |                                    | ENGER IN OTH                   |   | 3 - TOTALLY EJECTED               |                                      |                           |          |         |  |  |  |  |
|                           | 10 - REFLECT  |                                    |                   |                    | KNEES, ETC.)                       |                                | O AREA (NON-TI<br>PICK-UP WITH CA                           |                                   | 4 - NOT AP                           |                           |          |         |  |  |  |  |
|                           |   |                                    |                   |                    | G – PEDESTRIAN                     | 12 - PASS                      | ENGER IN UNE  |                                   |                                      |                           |          |         |  |  |  |  |
|                           |   |                                    |                   | / BICYCL           |                                    |                                | O AREA<br>LING UNIT   |                                   | 1 - NOTTRAPPED                       |                           |          |         |  |  |  |  |
|                           |   |                                    |                   | 99 - OTHER /       | UNKNOWN                            | 14 - RIDIN                     | NG ON VEHICLE   | EXTERIOR                          | 2 - EXTRICATED BY MECHANICA<br>MEANS |                           |          | CAL     |  |  |  |  |
|                           |   |                                    |                   |                    |                                    |                                | TRAILING UNIT) MOTORIST                                     |                                   | 3 - FREED                            | BY NON-MI                 | ECHANIC  | AL      |  |  |  |  |
|                           |   |                                    |                   |                    |                                    |                                | R / UNKNOWN   |                                   | MEANS                                |                           |          |         |  |  |  |  |
|                           | NAME: LAS   | ST, FIRST, MIDD                    | DLE               |                    |                                    |                                |   | DAT                               | E OF BIRTH                           |                           | AGE      | GENDER  |  |  |  |  |
| WITNESS                   |   |                                    |                   |                    |                                    |                                |   |                                   |                                      |                           |          |         |  |  |  |  |
| ΗM                        | ADDRESS   | : STREET, CITY,                    | STATE, ZIP        |                    |                                    |                                |   | CONTACT PHONE                     | - INCLUDE AREA CO                    | DE                        |          |         |  |  |  |  |
| ٥                         | NAME, LACT FIRST MIRRIE   |                                    |                   |                    |                                    |                                |   |                                   |                                      |                           |          |         |  |  |  |  |
| SS                        | NAME: LAST, FIRST, MIDDLE   |                                    |                   |                    |                                    |                                | DATE OF BIRTH AGE GENDER  CONTACT PHONE - INCLUDE AREA CODE |                                   |                                      |                           |          |         |  |  |  |  |
| WITNESS                   | ADDRESS: STREET, CITY, STATE, ZIP   |                                    |                   |                    |                                    |                                |   |                                   |                                      |                           |          |         |  |  |  |  |
| ×                         |   |                                    |                   |                    |                                    |                                |   | SOUTH THE THOUSE AREA CODE        |                                      |                           |          |         |  |  |  |  |
| NAME: LAST, FIRST, MIDDLE |   |                                    |                   |                    |                                    |                                |   | DATE OF BIRTH                     |                                      |                           | AGE      | GENDER  |  |  |  |  |
| ESS                       |   |                                    |                   |                    |                                    |                                |   |                                   |                                      |                           |          |         |  |  |  |  |
| WITNESS                   | ADDRESS: STREET, CITY, STATE, ZIP   |                                    |                   |                    |                                    |                                |   |                                   | CONTACT PHONE - INCLUDE AREA CODE    |                           |          |         |  |  |  |  |
|                           |   |                                    |                   |                    |                                    |                                |   |                                   |                                      |                           |          |         |  |  |  |  |