OHIO DEPARTMENT TRAFFIC CRASH		OCAL REPORT NUMBE									
PHOTOS TAKEN OH-2 OH-3	2023-	0001	4088								
SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME*  Heath PD		NCIC*	HIT/SKIP   NUMBER OF UNITS   UNIT IN ERROR   1 - SOLVED   0 1   0 1   98 - ANIMAL							
COUNTY* LOCALITY* LOCATION: CIT		CRASH DATE / TIME*  CRASH SEVERITY									
4 5 1 2 - VILLAGE HEATH		1,2242023, 2336 5 1- FATAL 2- SERIOUS INJURY									
T MODELL	LOCATION ROAD NAME		ROAD TYPE	Z-SERIOUS INJURY							
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	HEBRON		R D	40,0272	2 0 9	3 - MINOR INJURY SUSPECTED					
1 11201	REFERENCE ROAD NAME (ROAD, N	filepost, house #)	ROAD TYPE	LONGITUDE DEC	IMAL DEGREES	4 - INJURY POSSIBLE					
	888		T F 6	-82,440	774	5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE		I	NTERSECTION RELAT	ED					
1-INTERSECTION 1-NORTH IR	20.0		D - ROAD Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH							
3- HOUSE # L 3- EAST	I EDENAL OF ROOTE		T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
	NUMBERED COUNTY ROUTE CR -		E - TERRACE L - TRAIL	ROADWAY							
	NUMBERER TOWNSHIP		A - WAY	ROADWAY DIVIDED							
L L J 3-YARDS	HE -	HEIGHTS PL - PLACE		MONTH MATTER							
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER		ER OF CRASH COLLISION/IMPACOLLISION 4 - REAR-TO-REAR	т	DIRECTION OF TRAVEL	National Second	AN TYPE					
0 6 2-ON SHOULDER 10-DRIVEWAY	ALLEY ACCESS 1 BETW	/EEN 5-BACKING		1 - NORTH , 2 - SOUTH	( < 4 FEE						
3 - IN MEDIAN 11 - RAILWAY G 4 - ON ROADSIDE 12 - SHARED US	RADE CROSSING   VEHI	CLES IN 6-ANGLE SPORT 7-SIDESWIPE, SAME	DIRECTION	3 - EAST	) FLUSH MEDIAN ET )						
5 - ON GORE TRAILS	2 - REAR	*		4 - WEST		VIDED, DEPRESSED MEDIAN VIDED, RAISED MEDIAN					
7 - ON RAMP 14- TOLL BOOT	Н	-ON 9-OTHER/UNKNOW	/ N-		(ANY TY	PE)					
8-OFF RAMP 99-OTHER/UN	IKNOWN			Т	9 - OTHER/L						
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN WOR 1 - BEFORE THE 1ST W		CONTOUR	CONDITIONS	SURFACE					
T WARKERS BREAKHT	LANE SHIFT/CROSSOVER	WARNING SIGN		9	1	2					
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING 3 - TRANSITION AREA		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRE 2 - STRAIGHT GRADE 2 - WET 2 - BLACKT							
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	٠,٨		3 - SNOW	BITUMINOUS, ASPHALT					
	T		A	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK					
LIGHT CONDITION  1 - DAYLIGHT	1 - CLEAR	R 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
5 2 - DAWN/DUSK	O1 2-CLOUDY	7 - SEVERE CROSSWINDS			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, 9 - FREEZING RAIN OR FREEZING			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN					
5 - DARK – UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL			9 - OTHER/UNKNOWN							
9 - OTHER / UNKNOWN				1 1 1 1 1		Company of the compan					
NARRATIVE  Unit #1 drove through private	cy fence located at 1	222			4	Indicate the north direction with					
Hebron Rd and into the back	-					an "N" on the compass diagram.					
	yara or 527 Terrace	-		ScenePD ™ - Evaluation Edition  Evaluation Edition		_					
		Evaluation Edition	Evaluation ation Edition		Evaluation Ed	lition					
			Evaluation	Evaluation Edition	Evaluation Edition						
		Evaluation Edition	ation Edition	Edition	Evaluation Ed	lition					
Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition											
		Evaluation Edition	ation Edition	PRIVATE PROPERTY	Evaluation Ed	lition					
		-	Evaluation	Evaluation Edition							
		Evaluation Edition	ation Edition		Evaluation Ed	lition					
			Evaluation	Evaluation Edition Edition	dition						
		Evaluation Edition	ation Edition		Evaluation Ed	lition					
			Evaluation ation Edition	Evaluation Edition Edition		2-					
		Evaluation Edition		Trancite (877) 908-4777		_					
	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED D	- Production Statements	REPORT TAKEN BY					
12242023 2336 122	52023 0132 1	2252023 0	1321	2252023	0132	POLICE AGENCY  MOTORIST					
TOTAL TIME OTHER TOTAL OFFICER'S NAME*  CHECKED BY OFFICER'S NAME*											
		IN SUPPLEMENT (CORRECTION OF ADDITION TO APPEAR SENT OF A 1975)									
	O 7 -		0 7	- 1	4 5						

OHIO DEF OF PUBLI SAFETY - SERVI	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST					2 0 2 3 - 0 0 0 1 4 0 8 8										
UNIT#									D	ATE OF BIRTH			AGE	GENDER		
01	SPICER, CHRISTOPHER LOREN  5: STREET, CITY, STATE, ZIP							1 1 / 0 2 / 1 9 9 5 2 8 M								
		V NEWARK, OH 4305	5						CONTA	CI PHUI	NE - INCLUDE AREA	CODE				
	INJURED	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMEN	T		SEATING POSITI	ON AIR BA	G USAGE	EJECTION	TRAPPED	
_5	TAKEN BY	1						USED 0 4		T-COMPLIA HELME				_1	_1	
OL STATE	TE OPERATOR LICENSE NUMBER 0			OFFEN	OFFENSE CHARGED LOCAL OFFEN			OFFENSE DES	CRIPTION	CRIPTION			CITATION NUMBER			
OH																
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		STRACTED		DHOL / DRUG SUSPI LCOHOL   MAI	ECTED RIJUANA	CONDITION	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4	
_4				9		THER DRUG		6	2	1	•	1	1			
UNIT#	NAME: LAST, F	FIRST, MIDDLE	<u> </u>					1		D	ATE OF BIRTH			AGE	GENDER	
											1 [ ]		_			
ADDRESS:	STREET, CITY, ST.	ATE, ZIP							CONTA	CT PHOI	NE - INCLUDE AREA	CODE				
INJURIES	INJURED	EMC ACENCY (NAME)		Inunes	TAKENTO	MEDICAL FACILITY		SAFETY EQUIPMEN	<u> </u>		CEATING DOCITI	ON AID DA	0.1104.05	FIFATION	TRANSER	
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED				USED	DOT-COMPLIANT SEATING POSITION OF THE POSITION			ON AIR BAG USAGE   EJECTION   TRAPPED			IRAPPED	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DES	   CRIPTION	l		CITA	CITATION NUMBER			
					CODE											
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER Stracted		DHOL / DRUG SUSPI	ECTED	CONDITION	STATUS	ALCOHO TYPE	L TEST VALUE	STATUS		RESULT	SELECT UP TO 4	
			ВУ		=	LCOHOL MAI THER DRUG	RIJUANA									
UNIT #	NAME: LAST, F	FIRST, MIDDLE			<u></u> П ,	THER DRUG				D	ATE OF BIRTH			AGE	GENDER	
		•								1 1	1 1 1	1 1		1 1		
ADDRESS:	STREET, CITY, ST.	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE				
											1 1					
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMEN		T-COMPLIA		ON AIR BA	G USAGE	EJECTION	TRAPPED	
OL STATE	BY						OFFENCE DEC	J	MC HELMET							
ULSIAIE	OPERATOR LICENSE NUMBER OFFENSE (			SE CHAP	HARGED LOCAL OFFENSE DESI			KIPIIUN C			CITA	CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		RIVER	ALC	DHOL / DRUG SUSPI	LLL Ected	CONDITION		ALCOHO		Lozazuo		TEST(S		
	SELECT UP TO 2		DI: BY	STRACTED		LCOHOL MAI	RIJUANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULI	SELECT UP TO 4	
TNIII	IRIES	SEATING POSITION		AIR BAG	0	THER DRUG OL CLAS	•	OL RESTRI	CTION(S)		• LLLL	CTION	 	EST STA	TUC	
1 - FATAL	ORIES	1 - FRONT - LEFT SIDE	1 - NOT DE			1 - CLASS A	3	1 - ALCOHOL INTE			NOT DISTRACTED	GIIUN		E GIVEN	103	
	SERIOUS INJURY MINOR INJURY	2 EDONT MIDDLE		YED FRONT YED SIDE				2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES			2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION		2 - TEST REFUSED  3 - TEST GIVEN, CONTAMINATED			
	POSSIBLE INJURY 3 - FRONT - RIGHT SIDE			4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS				4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)			SAMPLE / UNUSABLE		
(MOTORCYCLE PASSENGER)			5 - NOT APPLICABLE (OHIO = D) 9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY			5 - EXCEPT CLASS 6 - EXCEPT CLASS		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS					
	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE	7- 521 20	TWENT ONK	01111	6 - NO VALID OL		& CLASS B BU	3		TALKING ON HAND-H COMMUNICATION DE			NOWN		
1 - NOT TRANSP /TREATED A		7 - THIRD - LEFT SIDE	Е	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACT 8 - INTERMEDIAT	E LICENSE	5 - 1	OTHER ACTIVITY WI	TH AN	ALC(		T TYPE	
2 - EMS 3 - POLICE	(MOTORCYCLE SIDE CAR) 1 - NOT EJE 8 - THIRD - MIDDLE 2 - PARTIAL		ECTED ALLY EJECTED				RESTRICTIONS 9 - LEARNER'S PE			ELECTRONIC DEVICE 1 - NONE 6 - PASSENGER 2 - BLOOD						
	OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTA			Y EJECTED	'EJECTED P - PASSENGER			RESTRICTIONS  10 - LIMITED TO DAYLIGHT ONLY			7 - OTHER DISTRACTION INSIDE THE VEHICLE			3 - URINE 4 - BREATH		
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT AP	PLICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO DA		8-4	OTHER DISTRACTION		5 - OTHI			
1 - NONE USED	NELT ONLY HOED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MC	TORCYCLE	12 - LIMITED - OTH			THE VEHICLE OTHER / UNKNOWN		DR	UG TEST	TYPE	
2 - SHOULDER B 3 - LAP BELT ON	SELT ONLY USED NLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TR 2 - EXTRIC	CATED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	13 - MECHANICAL (SPECIAL BRA CONTROLS, OR	KES, HAND		CONDITION		1 - NON 2 - BLOO			
	& LAP BELT USED RAINT SYSTEM –	12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHA 3 - FREED	NICAL MEAN BY	S	X - TANKER / HAZMAT		ADAPTIVE DE	/ICES)	1 - /	APPARENTLY NORMA		3 - URIN			
FORWARD FA	ACING	13 - TRAILING UNIT	NON-M	ECHANICAL N	IEANS			14 - MILITARY VEH 15 - MOTOR VEHICI			PHYSICAL IMPAIRME EMOTIONAL (E.G., DEF		4 - 0THI	ER		
6 - CHILD RESTI REAR FACIN	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES 16 - OUTSIDE MIRE	10R	Δ	NGRY, DISTURBED)				SULT(S)	
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC A		5 - F	ELL ASLEEP, FAINTI	ED,		HETAMINES BITURATES		
9 - PROTECTIVE	PADS USED	,, omen, officially						18 - OTHER			ATIGUED, ETC. INDER THE INFLUEN	CE		ZODIAZEPIN	ES	
(ELBOW, KNE LO - REFLECTIVE										0	OF MEDICATIONS / DF ALCOHOL		4 - CANI 5 - COCA	NABINOIDS AINE		
1 - LIGHTING - I	PEDESTRIAN										THER / UNKNOWN		6-OPIA	ATES / OPIOID	S	
BICYCLE ON 9 - OTHER / UNK													7 - OTHI 8 - NEG	ER ATIVE RESUI	LTS	