OHIO DEPARTMENT TRAFFIC CRASH		OCAL REPORT NUI								
□ 0H-2 □ 0H-3	2023-	0001	4090							
PHOTOS TAKEN OH-1P K OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR				
SECONDARY CRASH PRIVATE PROPERTY	Heath PD	0 4	507	1 - SOLVED 2 - UNSOLVED	0 1	0 1 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATION: CIT		CRASH DATE / TIME* CRASH SEVERITY								
4 5 1 2 - VILLAGE HEATH		1 2242023 2336 2-SERIOUS INJURY								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE	PERCENT 1987-6-1-8-1-019-4-1-6-1	SUSPECTED 3 - MINOR INJURY				
T WEST	TERRACE		D R	40,026	604	SUSPECTED				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, N	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE		4 - INJURY POSSIBLE				
3 - EAST 4 - WEST	937			-82,440	166	5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE IR	ROUTE TYPE INTERSTATE ROUTE(TP) AL -	ROAD TYPE ALLEY HW-HIGHWAY RE	D DOAD	_	INTERSECTION RE	LATED				
3 2-MILE POST 2-SOUTH US			O - ROAD Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH						
3 - HOUSE # 3 - EAST SR	STATE ROUTE		- STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES				
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT -		E - TERRACE TRAIL		ROADWAY					
2 - FEET	ROUTE		A - WAY	ROADWAY DIVIDED						
3-YARDS		HEIGHTS PL - PLACE	-							
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER	1 - NOT C	IER OF CRASH COLLISION/IMPAC OLLISION 4-REAR-TO-REAR	:1	DIRECTION OF TRAVE 1 - NORTH	77.	EDIAN TYPE DED FLUSH MEDIAN				
		MOTOR STRACKING		2 - SOUTH	I f	FEET) DED FLUSH MEDIAN				
4 - ON ROADSIDE 12-SHARED U	SE PATHS OR TRAN	SPORT 7-SIDESWIPE, SAME	DIRECTION	3 - EAST 4 - WEST	(≥4	FEET)				
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR 3 - HEAD				4 - DIVI	DED, DEPRESSED MEDIAN DED, RAISED MEDIAN				
7 - ON RAMP 14-TOLL BOOT 8 OEE PAMP 99-OTHER/UI	н			(ANY TYPE) 9 - OTHER/UNKNOWN						
8 - OFF RAMP 99-01HER/UI				CONTOUR	CONDITIONS					
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN WOR 1 - BEFORE THE 1ST W		9	5	9				
	LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNING	G AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE				
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA		2 - STRAIGHT GRADE	2 - BLACKTOP,					
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	Α	3 - CURVE LEVEL 3 - SNOW BITUMII ASPHAL						
LIGHT CONDITION	WEATHE	0		4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK				
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL, STONE 4 - SLAG, GRAVEL,						
4 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	01 2 - CLOUDY	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	SNOW		6 - WATER (STANDI MOVING)	NG, 5 - DIRT				
4 - DARK — ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FREEZIN			7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER/UNKNOWN			9 - OTHER/UNKNOW	/N				
NARRATIVE		Ti i i	L			Indicate the north				
Unit #1 drove through priva	cy fence located at	888			+	direction with an "N" on the				
Hebron Rd and into the back	yard of 927 Terrace	Dr.		ScenePD ™ - Evaluation Edition		compass diagram.				
Unit drove around the backy	ard, striking multip		Evaluation	Evaluation Edition		-				
fences at 927 and 923 Terra	ce Dr. Unit #1 ran ir	1to Evaluation Edition	ation Edition		Evaluation Edition	ion Edition				
the back of the house locate	d at 927 Terrace Dr.		Evaluation	Evaluation Edition Edition	Edition	-				
#1 fled the scene and in doi	ng so, struck a maill	oox in		Evaluation	Evaluation Edition	ion Edition				
front of 937 Terrace Dr.			Evaluation ation Edition	Evaluation Edition						
		Evaluation Edition		PRIVATE PROPERTY Evaluation	Evaluation Edition	ion Edition				
		Evaluation Edition	Evaluation ation Edition	Evaluation Edition						
		Evaluation Edition		Evaluation	Evaluation Edition	ion Edition				
		Evaluation Edition	Evaluation ation Edition	Evaluation Edition Edition						
		_		Evaluation Evaluation Edition	Evaluation Edition	ion Edition				
		Evalua Evaluation Edition	Evaluation ation Edition	Edition						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		Trancite (877) 908-4777 SCENE CLEARED	DATE / TIME	REPORT TAKEN BY				
1,2,2,4,2,0,23, 2,33,6, 1,2,2	STONE I BOOK AND STANFORD THE POST OF THE STORE OF A PART OF STANFORD		134 1	2252023	2015-041-035 301510/05125	POLICE AGENCY				
TOTAL TIME OTHER TOTAL				CER'S NAME*	· · · · · · · · ·	MOTORIST				
ROADWAY CLOSED INVESTIGATION TIME MINUT			eterson		- 1	SUPPLEMENT (CORRECTION OR ADDITION				
	OFFICER'S BAD		CHECKED I	OFFICER'S BADGE I	IUMBER* 4 5	TO AN EXISTING REPORT SENT TO ODPS)				

OHIO DEF OF PUBLI SAFETY - SERVIS	PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0	2	3 - 0		ORT NU		0 9	0			
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE SPICER, CHRISTOPHER LOREN							1 1		DATE OF BIF		9 5	5_ _2	AGE 2 8	GENDER M		
2	SE HILLS RD NEWARK, OH 43055								CONTA	CONTACT PHONE - INCLUDE AREA CODE DOT-COMPLIANT NC HELMET O 1 1 1 PTION CITATION NUMBER ALCOHOL TEST DRUG TEST(S) TATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 DATE OF BIRTH AGE GENDER SEATING POSITION AIR BAG IISAGE EJECTION TRAPPED DATE OF BIRTH AGE GENDER							
<u> </u>				I		MEDICAL FACILITY		CAFETY FOUNDMENT	ш		OF ATTNO	L CONTINU	L .vn n.e				
INJURIES	RIES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 5			ANT			i USAGE		_	
OL STATE	TE OPERATOR LICENSE NUMBER			OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION	١			CITAT	CITATION NUMBER			
O H							CODE										
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	COHOL / DRUG SUSPECTED CONDITION ALCOHOL MARIJUANA							STATUS				
_4				9	=	THER DRUG		6	2	1			1	_1		لـــالـــا	
UNIT #	NAME: LAST, I	FIRST, MIDDLE							DATE OF BIRTH AGE				AGE	GENDER			
ADDESS.	STREET, CITY, ST	TATE 71D							0007107 00007					_			
ADDRESS:	SIREEI, CII I, SI	A1 E, 21P							CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN			T DOT-COMPLIANT SEATING POSITION			POSITION	N AIR BAG USAGE EJECTION TRAPPED			TRAPPED	
ON /	ВУ				USED L				MC HELMET								
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION	1	CITA			ATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		VER	ALCO	OHOL / DRUG SUSPI	LLL ECTED	CONDITION			OL TEST		TATUS I		TEST(S		
	SELECT UP TO 2		BY	TRACTED	=		RIJUANA		STATUS	TYPE	VALUE		STATUS	TYPE	RESULI	SELECT UP TO 4	
UNIT #	NAME: LAST, I	FIRST, MIDDLE			□ °	THER DRUG					DATE OF BIF	LLU L			_ ∟_ ∟ AGE	GENDER	
		,									1 1		1 1				
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE								
ADDRESS:								Too o o	ш		1						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED		T-COMPLI HELME		OSITION	AIR BAG	SUSAGE	EJECTION	TRAPPED	
OL STATE			OFFENSE CHARGED LOCAL			OFFENSE DESC	RIPTION	TION		CITATION NUMBER							
OTOR			CODE														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS		OL TEST VALUE		STATUS	TYPE	RESULT	SELECT UP TO 4	
					=	THER DRUG					•						
	RIES	SEATING POSITION		IR BAG		OL CLAS	S	OL RESTRIC			RIVER DIS		ION		EST STA	TUS	
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEF 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			- NOT DISTRACT - MANUALLY OP		AN	1 - NON 2 - TEST	E GIVEN FREFUSED		
3 - SUSPECTED		2 - FRONT - MIDDLE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LE		-	ELECTRONIC C	OMMUNI	CATION	3-TEST	GIVEN, CON		
4 - POSSIBLE IN	JURY	3 - FRONT - RIGHT SIDE	4 - DEPLOY	ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS		4 - FARM WAIVER			DEVICE (TEXT DIALING)	ING, I FPI	inu,		PLE / UNUSA		
5 - NO APPAREN	T INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP			(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 -	TALKING ON H.				T GIVEN, RES	ULTS KNOWN	
INJURED '	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKN	OWN	6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	А	4.	COMMUNICATI TALKING ON H.				NOWN	0210	
1 - NOT TRANSP		6 - SECOND - RIGHT SIDE	_			al Evensor		7 - EXCEPT TRACTO	R-TRAILER	₹	COMMUNICATI	ON DEVI	CE	ALC	DHOL TES	T TYPE	
/TREATED AT 2 - EMS	SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION CTED		OL ENDORSEI H - HAZMAT	WENI	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5.	OTHER ACTIVI		AN -	1 - NON	E		
3 - POLICE		8-THIRD-MIDDLE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	MIT	6-	- PASSENGER			2 - BL00			
9 - OTHER / UNK	NOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY	'EJECTED		P - PASSENGER		RESTRICTIONS			OTHER DISTRA			3 - URIN 4 - BRE			
SAFFTY F	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	PLICABLE		N - TANKER		10 - LIMITED TO DAY			INSIDE THE VE OTHER DISTRA		UTSIDE	5 - OTHI			
1 - NONE USED	4011 MENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	Т	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MC	TORCYCLE	12 - LIMITED - OTHE			THE VEHICLE				UG TEST	TVDE	
2 - SHOULDER B		(NON-TRAILING UNIT, BUS,	1 - NOT TRA			S - SCHOOL BUS		13 - MECHANICAL D (SPECIAL BRAK		9.	- OTHER / UNKN	UWIN		1 - NON		11115	
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 2/(1/10/11/25/57			T - DOUBLE & TRIPLE TRAILERS CONTROLS, OR O			THER CONDITION			2 - BL00D					
5 - CHILD RESTR	RAINT SYSTEM -	CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS			X - TANKER / HAZMAT ADAPTIVE DEV 14 - MILITARY VEHI			2 ATTAICEITETTOTIO			3 Giant					
FORWARD FA	CING RAINT SYSTEM –	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR				15 - MOTOR VEHICL			S WITHOUT 3 - EMOTIONAL (E.G., DEPI		.G., DEPRE	ESSED,					
REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				AIR BRAKES 16 - OUTSIDE MIRRO			ANGRY, DISTURBED) R 4- ILLNESS		D)	DRUG TEST RESULT(S) 1-AMPHETAMINES					
7 - BOOSTER SE		15 - NON-MOTORIST						17 - PROSTHETIC AII			FELL ASLEEP, F	AINTED,			BITURATES		
8 - HELMET USE 9 - PROTECTIVE		99 - OTHER / UNKNOWN						18 - OTHER			FATIGUED, ETC				ZODIAZEPIN	ES	
(ELBOW, KNE	ES, ETC.)										OF MEDICATION				NABINOIDS		
	- REFLECTIVE CLOTHING										/ ALCOHOL OTHER / UNKNO)WN		5 - COCA 6 - OPIA	AINE (TES / OPIOID	S	
/ BICYCLE ON	TING – PEDESTRIAN YCLE ONLY								7- OTHER OWNER				7 - OTHER				
99 - OTHER / UNK	NOWN												8 - NEGATIVE RESULTS				

Ũ	OCCUPANT / WITNESS ADDENDUM							2023	- 0 0	0 1 4	0 9	0			
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDE						
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
00	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED SAFETY EQUIPMENT USED			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
i	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT		AGE	GENDER				
j,							CONTACT PHONE - INCLUDE AREA CODE								
OCCUPAN	AUDRESS:	: STREET, CITY,	STATE, ZIP					CUNTACT PHUNE	*NONE - INCLUDE AREA CODE						
٥	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQU USED			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
Ĭ	UNIT#	NAME: LAS	T, FIRST, MIDDLE			DATE OF BIRTH AGE GENDE									
PANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	TN HIDTEC	TNUIDER	EMC Account (MAME)		INTERPOLATION AND AND AND AND AND AND AND AND AND AN	SEATING POSITION AIR BAG			UCASE LEIGHTON TRANSFER						
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facili	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING PUSITION	AIR BAG USAGE	EJECTION	L			
	UNIT # NAME: LAST, FIRST, MIDDLE								E OF BIRTH		AGE	GENDER			
PANT	ADDRESS	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
OCCUPANT					IN HIDED TAKEN TO, MEDICAL FACILITY	TY (NAME OUT)	SAFETY EQUIPMENT		SEATING POSITION	ATD DAC HEACE	FIECTION	TDADDED			
ı	INJURIES INJURED TAKEN BY BY				INJURED TAKEN TO: MEDICAL FACILE	USED	DOT-COMPLIANT MC HELMET	SEATING PUSITION	AIR BAU USAUE	EJECTION	IRAPPED				
Ī		INJU	JRIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA			1 - NONE US VEHICLE	ED - OCCUPANT		T – LEFT SIDE ORCYCLE DRIV	ER)							
			RIOUS INJURY		ER BELT ONLY USED	T – MIDDLE			PLOYED FRONT						
	5 - NO APPARENT INJURY 5 - CHILD RE INJURED TAKEN BY FORWARD				TONLY USED		T – RIGHT SIDE ND – LEFT SIDE		3 - DEPLOYED SIDE 4 - DEPLOYED BOTH						
					ER & LAP BELT USED	(MOT	ORCYCLE PASS ND – MIDDLE		FRONT/						
ŀ							ND – RIGHT SI	DE	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOW						
					ESTRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE	CAR)		0 N					
	2 - EMS 7 - B00STER						D – MIDDLE D – RIGHT SIDE		1 - NOT EJ		ΓED				
	3 - POLICE 8 - HELMET				USED	9 - THIR 10 - SLEE	LLY EJECTI	EJECTED							
					TVE PADS USED KNEES, ETC.)		ENGER IN OTH O AREA (NON-TE	Y EJECTED							
				10 - REFLECT	IVE CLOTHING	BUS, F	>)	4 - NOT AP							
				11 - LIGHTING / BICYCLI	G – PEDESTRIAN E ONLY		ENGER IN UNE O AREA	NCLUSED	TRAPPED 1 - NOT TRAPPED						
				99 - OTHER / I			LING UNIT IG ON VEHICLE	FXTERIOR	2 - EXTRICATED BY MECHANICAL						
						TRAILING UNIT)		MEANS 3 - FREED BY NON-MECHA			ANICAL				
							R/UNKNOWN		MEANS						
S		ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER			
WITNESS		, MARIE	CTATE 7ID					O 7 / 1			7 1	F			
M	937 TERRACE DR HEATH, OH 43056								CONTACT PHONE - INCLUDE AREA CODE						
ì	NAME: LAS	ST, FIRST, MIDD	LE					DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
*															
ESS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	CONTACT PHONE - INCLUDE AREA CODE						