OHIO DEPARTMENT TRAFFIC CRASH	ı	OCAL REPORT N								
□ 0H-2 ▼ 0H-3	2024-	000	00051							
PHOTOS TAKEN OH-1P OTHER SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME* Heath PD		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNIT	0 2 98-ANIMAL				
COUNTY* LOCALITY* LOCATION: CI	TY, VILLAGE, TOWNSHIP*		CRASH DATE /		CRASH SEVERITY					
1-CITY 0.1022024 1504 5										
A MODELL	LATITUDE DE	CIMAL DEGREES	2 - SERIOUS INJURY SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	HOPEWELL		D R	40,035	0 5 8	3 - MINOR INJURY SUSPECTED				
i weet	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	701		T 1 1	-82,421	2 9 5	5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	<u>l</u>		INTERSECTION R					
1 - INTERSECTION 1 - NORTH IR	214		D - ROAD Q - SQUARE	WITHIN INTE	RSECTION OR ON A	APPROACH				
3- HOUSE # 3- EAST	TEDERAL OF ROOTE		T - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES				
	CR . NUMBERED COUNTY BOUTE		E - TERRACE L - TRAIL	ROADWAY						
TR - NUMBERED TOWNSHIP ROUTE TR - NUMBERED TOWNSHIP ROUTE TR - PARWAY TR - PARWA										
LOCATION OF FIRST HARMFUL EVE	NT MAN	NER of CRASH COLLISION/IMPAC	T	DIRECTION OF TRAVE	L	MEDIAN TYPE				
1 - ON ROADWAY 9 - CROSSOVE 0 1 2 - ON SHOULDER 10 - DRIVEWA	Y/ALLEY ACCESS & BET	COLLISION 4-REAR-TO-REAR WEEN 5-BACKING		1 - NORTH		VIDED FLUSH MEDIAN (4 FEET)				
└───── 3 - IN MEDIAN 11 - RAILWAY	GRADE CROSSING VEH	MOTOR ICLES IN 6-ANGLE		2 - SOUTH 3 - EAST	2 - DI	VIDED FLUSH MEDIAN				
5 - ON GORE TRAILS	2 - REAI	NSPORT 7-SIDESWIPE, SAME R-END 8-SIDESWIPE, OPPOS		4 - WEST (≥4 FEET) 3 - DIVIDED, DEPRESSED MED						
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LAN 7 - ON RAMP 14 - TOLL BOC	/N	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)								
8 - OFF RAMP 99-OTHER/L					9 - OT	HER/UNKNOWN				
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO		CONTOUR	CONDITION					
I I WARKERS PRESENT	- LANE CLOSURE - LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST W WARNING SIGN		_3	1	2				
LAW ENFORCEMENT PRESENT L	- WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING 3 - TRANSITION AREA		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE						
	- INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2-WET 3-SNOW	2 - BLACKTOP, BITUMINOUS,				
ACTIVE SCHOOL ZONE 5	- OTHER	5 - TERMINATION ARE	. А	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK				
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	E R 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, D OIL, GRAVEL	IRT, 4 - SLAG, GRAVEL, STONE				
1 2 - DAWN/DUSK	02 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			7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK – UNKNOWN ROADWAY LIGHTIN 9 - OTHER / UNKNOWN	G 5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKN	own				
NARRATIVE NARRATIVE			I I			Indicate the north				
UNIT 1 WAS TRAVELING EA	STBOUND ON HOPE	WELL			1	direction with an "N" on the				
DR. UNIT 2 WAS TURNING		-				compass diagram.				
		_	Evaluation	ScenePD ™ - Evaluation Edition Evaluation Edition		2-				
/WESTBOUND ONTO HOPE\		Evaluation Edition	ation Edition	Edition	Evaluation Edition	aluation Edition				
PRIVATE DRIVE AT 701 HO	ZEWELL DR. AND ST	L	Evaluation	Evaluation Edition Edition						
UNIT 1.		Evaluation Edition	ation Edition		Not To	Scale				
		-	Evaluation	Evaluation Edition Edition	Friting.					
		Evaluation Edition		Evaluation	Evaluation Edition	aluation Edition				
		- D Evalua	ation Edition	Evaluation Edition						
		Evaluation Edition	RIVATE DRIVE HOPEWELL DR	Evaluation	Evaluation Edition	aluation Edition				
		Evaluation Edition	Evaluation	Evaluation Edition						
				Evaluation Evaluation Edition	Evaluation Edition	aluation Edition				
		Evaluation Edition	Evaluation ation Edition	Edition						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	DATE / TIME	REPORT TAKEN BY				
01022024 1504 010	Selected Selected models (2000 derivation desired to the transmission of medical selection of the selection		5 1 6 0	1022024		N salves assume				
TOTAL TIME OTHER TOT	'AL OFFICER'S NAME*	Сні	ECKED BY OFFI	CER'S NAME*		MOTORIST				
ROADWAY CLOSED INVESTIGATION TIME MINU	Kamage	M	arkley			SUPPLEMENT (CORRECTION OR ADDITION				
		DGE NUMBER*	O CHECKED 7	orficer's badge i	1UMBER* 7	TO AN EXISTING REPORT SENT TO ODPS)				

J FIRST HARMFUL EVENT

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OHIO DEF OF PUBLI SAFETY - SERVI	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						2 0 2 4 - 0 0 0 0 0 0 5 1									
UNIT #								DATE OF BIRTH AGE GENDER								
0 1	STEPHENS, ORA F Jr SS: STREET, CITY, STATE, ZIP							0 2 / 2 8 / 1 9 4 8 7 5 M								
₹	RESS: STREET, CITY, STATE, ZIP 1 BERGER HOLLOW DR ST LOUISVILLE, OH 43071										NE - INCLUDE AREA	CODE				
≘	IES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME									IT						
NON 5	TAKEN BY				TARLETT TO		((A))	USED 0 4		F-COMPLIANT HELMET	NT	1		1	1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	I		CITA	TATION NUMBER		•	
ОН																
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED	_	DHOL/DRUG SUSP LCOHOL MA	ECTED RIJUANA	CONDITION	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4	
_4	M			1	0	THER DRUG		1	1	1	• — —	1	1		لـــالـــالـــ	
UNIT#	NAME: LAST, F										ATE OF BIRTH		_ _	AGE	GENDER	
0 2		, CONNOR MICHAEL	•								4 / 2		5 1	1 8	M	
	STREET, CITY, STA	WARK, OH 43055							CONTA	CT PHO	NE - INCLUDE AREA	CODE				
		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT SEATING POS				ITION AIR BAG USAGE EJECTION TRAPPED				
5 ,	TAKÉN BY							USED 0 4	DOT-COMPLIANT O 1				1 1 1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL			OFFENSE DESC	CRIPTION			CITATION NUMBER				
ОН					CODE											
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER STRACTED	_	DHOL / DRUG SUSP	ECTED RIJUANA	CONDITION	STATUS	ALCOHO TYPE	L TEST VALUE	STATUS		RESULT	SELECT UP TO 4	
4	 		BY	8	=	THER DRUG	MISOANA	1	1	1	-	1	1		11 11 1	
UNIT #	NAME: LAST, F	TIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER	
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE				
	In more	-NO 105NOV		T		: MEDICAL FACILITY		CAFETY FAUXDMENT	ш		OF ATTHE DESITE	011		<u>_</u>		
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED	IAKEN IU	: WEDIGAL FAGILITY	(NAME, CITY)	USED		T-COMPLIAN		ON AIR BA	G USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL			OFFENSE DESC	CRIPTION C		CITA	ITATION NUMBER					
							CODE									
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER STRACTED		OHOL / DRUG SUSP		CONDITION	STATUS	ALCOHO TYPE	L TEST VALUE	STATUS		RESULT	SELECT UP TO 4	
	, ,		BY		=	LCOHOL MA THER DRUG	RIJUANA	ļ	ļ. ,							
INJU	RIES	SEATING POSITION		AIR BAG		OL CLAS	S	OL RESTRIC	TION(S)	DR	IVER DISTRAC	TION	T	EST STA	TUS	
1-FATAL	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			NOT DISTRACTED MANUALLY OPERATIO	NG AN	1 - NONE	E GIVEN FREFUSED		
3 - SUSPECTED		2 - FRONT - MIDDLE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LE		1	ELECTRONIC COMMU DEVICE (TEXTING.T)	NICATION	3-TEST	GIVEN, CON		
4 - POSSIBLE IN 5 - NO APPAREN	P-POSSIBLE INJURY 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE			4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS 5 - NOT APPLICABLE (0HI0 = D)			4 - FARM WAIVER 5 - EXCEPT CLASS	A RIIS	[DIALING)		SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN				
		(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		MENT UNKN	OWN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		(TALKING ON HANDS-F COMMUNICATION DE	VICE		GIVEN, RES	ULTS	
1 - NOTTRANSP		6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER		ALKING ON HAND-H COMMUNICATION DE				ST TYPE	
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJI	JECTION ECTED		OL ENDORSE H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		OTHER ACTIVITY WIT		1 - NONE)	
3 - POLICE		8-THIRD - MIDDLE		LLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	RMIT		PASSENGER		2 - BL00 3 - URIN			
9 - OTHER / UNK	NOWN	9 - THIRD – RIGHT SIDE 10 - SLEEPER SECTION	3 - TOTALL' 4 - NOT AP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONLY		OTHER DISTRACTION NSIDE THE VEHICLE		4 - BREA			
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EM			OTHER DISTRACTION THE VEHICLE	OUTSIDE	5 - OTHE	ΞR		
1 - NONE USED 2 - SHOULDER B	ELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	RAPPED APPED		R - THREE-WHEEL MO S - SCHOOL BUS	OTORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D			OTHER / UNKNOWN			UG TEST	TYPE	
3 - LAP BELT ON		PICK-UP WITH CAP)	2 - EXTRIC		;	T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR C	THER		CONDITION		1 - NONE 2 - BL00			
	- SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA		3 - FREED	MECHANICAL MEANS 3 - FREED BY NOW MECHANICAL MEANS			ADAPTIVE DEVI	2 ALLANCENTEL HOMBAC			3 - URINE					
FORWARD FA			NUN-ME	MECHANICAL MEANS			15 - MOTOR VEHICLE AIR BRAKES		3 - E	3 - EMOTIONAL (E.G., DEPRESSED,		4-OTHER DRUG TEST RESULT(S)				
REAR FACING	G	(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRRO)R		NGRY, DISTURBED) LLNESS			TEST RE		
7 - BOOSTER SE 8 - HELMET USI		99 - OTHER / UNKNOWN						17 - PROSTHETIC AI	D	5 - F	ELL ASLEEP, FAINTE ATIGUED, ETC.	D,	2 - BARE	BITURATES		
9 - PROTECTIVE (ELBOW, KNE								18 - OTHER		6- U	NDER THE INFLUEN			ZODIAZEPINI NABINOIDS	ES	
10 - REFLECTIVE	CLOTHING									1	F MEDICATIONS / DR ALCOHOL	1000	5 - COCA	AINE		
11 - LIGHTING - F / BICYCLE ON										9-0	THER / UNKNOWN		6 - OPIA 7 - OTHE	ITES / OPIOID ER	8	
99 - OTHER / UNK														ATIVE RESUL	LTS	

	OF DEBLICATION OCCUPANT / WITNESS ADDENDUM						2024	- 0 0	O O O	0 5	1				
	UNIT # NAME: LAST, FIRST, MIDDLE								TE OF BIRTH		AGE	GENDER			
	01 STEPHENS, LORI J								1 / 1 9		6 2	F			
3									CONTACT PHONE - INCLUDE AREA CODE						
₹	B191 BERGER HOLLOW RD ST LOUISVILLE, OH 43071 NJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT								SEATING POSITION	AIR BAG USAGE	FIECTION	TDADDED			
	5	TAKEN BY	ENG AGENCI (NAME)		USED 0 4			DOT-COMPLIANT MC HELMET	0 3	1	1	1			
U	NIT#	NAME: LAS	T, FIRST, MIDDLE	DA.	TE OF BIRTH	·	AGE	GENDER							
ا ا)2	PARRY	, BARBARA LYNN					0 9 / 0	5 / 1 9	_5 9 _	6 4	F			
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHON	E - INCLUDE AREA CO	DE					
1	37 MERRY LN NEWARK, OH 4355							T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT		_					
<u> </u>	5						0 4		0 3	1	1	_1			
U	NIT#	NAME: LAS	ST, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER							
 ΔI	INDESS	: STREET, CITY	STATE 7IP					CONTACT PHON	- INCLUDE AREA CO	L L					
Al	DKLJJ	. 31KEE1, 0111	STATE, ZIF					CONTACT PHONE - INCLUDE AREA CODE							
IN.	JURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
	1	TAKEN BY				USED	DOT-COMPLIANT MC HELMET			ļ. ,	[,				
U	NIT #	NAME: LAS	T, FIRST, MIDDLE		<u>I</u>			DA.	TE OF BIRTH	<u> </u>	AGE	GENDER			
l,	1														
AI	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
Al															
IN.	JURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		BY L						MC HELMET		LL					
7	- FATA		JRIES	1 - NONE US	FD.		SEATING POS T – LEFT SIDE	ITION	1 - NOT DE	AIR BAG U	SAGE				
			RIOUS INJURY		OCCUPANT		ORCYCLE DRIV	ER)		YED FRONT					
			2 - SHOULDE	ER BELT ONLY USED	3 - DEPLOYED SIDE										
4 - POSSIBLE INJURY			FONLY USED	4 - SECO	IT – RIGHT SIDE ND – LEFT SIDI	E 4 - DEPLOYED BOTH									
5 - NO APPARENT INJURY			ER & LAP BELT USED ESTRAINT SYSTEM –	SENGER) FRONT/SIDE 5 - NOT APPLICABLE											
				D FACING	DE 9 - DEPLOYMENT UNKNOWN										
1				6 - CHILD RE	ESTRAINT SYSTEM –		D – LEFT SIDE ORCYCLE SIDE	CAR) EJECTION							
/TREATED AT SCENE REAR FA 2 - EMS 7 - B00STEF				8 - THIR	D – MIDDLE	1 - NOT EJECTED									
3 - POLICE 8 - HELMET			USED		D – RIGHT SIDE PER SECTION (2 - PARTIALLY EJECTED							
, critati cittini			IVE PADS USED	11 - PASS	ENGER IN OTH	ER ENCLOSED 3 - TOTALLY EJECTE			ED						
			KNEES, ETC.) IVE CLOTHING		O AREA (NON-TE PICK-UP WITH CAI										
				G – PEDESTRIAN	ENGER IN UNE			TRAPPED							
					LING UNIT		1 - NOT TRAPPED			\ A I					
				99 - OTHER /	UNKNOWN	14 - RIDING ON VEHICLE (NON-TRAILING UNIT)		EXTERIOR	2 - EXTRICATED BY MECHANICA MEANS			AL			
							MOTORIST		3 - FREED MEANS	BY NON-ME	CHANIC	AL			
						99 - OTHE	R/UNKNOWN	ı		1	-				
	AME: LA	ST, FIRST, MIDE	DLE						TE OF BIRTH		AGE	GENDER			
AI	DRESS	: STREET, CITY	STATE, ZIP					CONTACT PHON	E - INCLUDE AREA CO	_L DE					
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	AME: LA	ST, FIRST, MIDE	DLE					DATE OF BIRTH AGE GENDER							
ΑI	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
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	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER								
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