OHIO DEPARTMENT TRAFFIC CRASH	L	OCAL REPORT NUMB									
□ 0H-2 □ 0H-3	2024-	0000	0075								
PHOTOS TAKEN OH-1P OTHER  SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME*  Heath PD	5 0 7	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS  0 2	UNIT IN ERROR  O 2 98 - ANIMAL						
COUNTY* LOCALITY* LOCATION: CIT		CRASH DATE / 1		99 - UNKNOWN							
4 5 1 2-VILLAGE HEATH 01032024 0915 3											
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	LATITUDE DE		2 - SERIOUS INJURY SUSPECTED								
ROUTE TYPE ROUTE NUMBER PREFIX 1- NORTH 2- SOUTH 3- EAST 4- WFST	PUTNAM		R D	40,034	5 4 0	3 - MINOR INJURY SUSPECTED					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	PUTNAM		R D	-82 4 3 3	5 9 2	5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELA						
■ 2 MILE DOST ■ 2 COUTH	l		- ROAD	<b>X</b> WITHIN INTE	RSECTION OR ON APPE	ROACH					
3-HOUSE # 3-EAST	- I EDENAL OO NOOTE		- SQUARE - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
DISTANCE DISTANCE CR	- NUMBERED COUNTY ROLLTE CR		- TERRACE		ROADWAY	29 (2011) (2015)					
FROM REFERENCE UNIT OF MEASURE  1 - MILES TR - NUMBERED TOWNSHIP  DR - DRIVE PI - PIKE WA - WAY											
4 5 2 2-FEET ROUTE HE - HEIGHTS PL - PLACE ROADWAY DIVIDED											
LOCATION OF FIRST HARMFUL EVEI		NER OF CRASH COLLISION/IMPACT	т	DIRECTION OF TRAVE	55 Fabriers	DIAN TYPE					
1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION 4 - REAR-TO-REAR 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 1 - NOT COLLISION 4 - REAR-TO-REAR 2 - SOUTH 1 - DIVIDED FLUSH MEDIAN 4 (<4 FEET)											
3 - IN MEDIAN 11-RAILWAY GRADE CROSSING VEHICLES IN 6-ANGLE 3-EAST (>4 FI											
5 - ON GORE TRAILS	2 - REAF	R-END 8 - SIDESWIPE, OPPOSI	ITE DIRECTION	4 - WEST	1	D, DEPRESSED MEDIAN D, RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOO'	TH	O-ON 9-OTHER/UNKNOWI	N		(ANY T	YPE)					
8-OFF RAMP 99-OTHER/U	NKNOWN	T		1		/UNKNOWN					
WORK ZONE RELATED	WORK ZONE TYPE - LANE CLOSURE	LOCATION OF CRASH IN WOR 1 - BEFORE THE 1ST W		CONTOUR 4	CONDITIONS	SURFACE					
WORKERS PRESENT 2	- LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNING		1 2							
LAW ENFORCEMENT PRESENT   3	- WORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA	AREA	1 - STRAIGHT LEVEL   1 - DRY   1 - CONCRETE   2 - STRAIGHT GRADE   2 - WET   2 - BLACKTOP,							
	- INTERMITTENT OR MOVING WORK - OTHER	4 - ACTIVITY AREA 5 - TERMINATION AREA	Δ	3 - CURVE LEVEL 3 - SNOW BITUMINÓUS, ASPHALT							
				4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK					
<b>LIGHT CONDITION</b> 1 - DAYLIGHT	1 - CLEAR	. <b>K</b> 6 - SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL, STONE							
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	02 2 - CLOUDY	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, S	MOM		6 - WATER (STANDING MOVING)	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/UNKNOWN						
NARRATIVE						<b>Û</b> Indicate the north					
UNIT 1 WAS STOPPED ON S	R 79/HEBRON RD I	N THE			+	direction with an "N" on the					
RIGHT SIDE THRU LANE HE	ADED SOUTHBOUND	).		ScenePD ™ - Evaluation Edition		compass diagram.					
UNIT 2 WAS TRAVELING SO	UTHBOUND ON SR		Evaluation	Evaluation Edition							
THE RIGHT SIDE THRU LAN	E AND STRUCK UNIT	T 1 IN Evaluation Edition	ion Edition		Evaluation	Edition					
THE REAR-END.			Unit 2	Evaluation E Evaluation Edition	Edition	_					
		Evaluation Edition	REPROPERIOR FOR THE BROWN	WEDIAN Explusion 6	Evaluation Edition  Edition  VEHICLES WERE I						
		PUTNAM RD	ion Edition	Evaluation Edition	RADIAN DR						
		Evaluation Edition		Evaluation :	Evaluation Edition	Edition					
		Evaluation Edition	Evaluation	Edition Edition							
				MED "   194E	Evaluation Edition Edition	Edition					
		Evaluation Edition	Evaluation ion Edition	Edition	Evaluation	Edition					
			_	Evaluation Edition	Evaluation Edition	2-					
Evaluation Edition  Evaluation Edition  Evaluation Edition											
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY					
0,1032024 0,915 0,10	32024 0917	01032024 09	2 1 0	1032024	0950	POLICE AGENCY					
TOTAL TIME OTHER TOTAL	AL OFFICER'S NAME*	Сне		CER'S NAME*		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINU	Ramage		rkley	Y OFFICER'S BADGE N	IIIMDED*	SUPPLEMENT (CORRECTION or ADDITION TO AM EXISTING REPORT SENT TO ODPS)					
	O OFFICER'S BAD	T 3 1 0		- 1	4 7	TO THE STATE OF TH					

J FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

3

OHIO DEP OF PUBLI SAFETY - SERVIN	OHIO DEPARTMENT MOTORIST / NON-MOTORIST						2 0 2	2 4 - 0 0			5			
UNIT #								DATE OF BIRTH		AGE	GENDER			
01							0 2 / 2 1 / 1 9 8 1 4 2 F							
ADDRESS:	STREET, CITY, STATE, ZIP									PHONE - INCLUDE AREA C	ODE			
17579 N	MARNE RD	NASHPORT, OH 438												
INJURIES								SAFETY EQUIPMENT	DOT-COMPLIANT					
3	lov 🤼 l	Heath FD		Lickir	ng Me	morial		USED 9 9						
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAF	RGED	D LOCAL OFFENSE I		SCRIPTION		CITATION NUMBER			
O H														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED	_	DHOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE	STATUS	TYPE RESULT	T SELECT UP TO 4	
. 4			BY	1	=	LCOHOL MAI THER DRUG	RIJUANA	1	1 1		1	1		
UNIT #	NAME: LAST, F	FIRST MIDDLE			υ,	THER DROG				DATE OF BIRTH		AGE	GENDER	
0 2		SANDRA JEAN							1.1./	1 8 / 1 9	9 .6 .4		F	
	STREET, CITY, ST.									PHONE - INCLUDE AREA C				
<b>=</b>		NEWARK, OH 43055	;							MOESSE AREA S	002			
፭	INJURED	EMS AGENCY (NAME)		INJURED :	URED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			SAFETY EQUIPMENT		SEATING POSITIO	N AIR BAG	USAGE EJECTION	TRAPPED	
20 5	TAKEN BY						USED O 4	□ MC HE		1				
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER			
<b>≅</b> о н ∣					CODE									
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALC	DHOL / DRUG SUSPI	ECTED	CONDITION	AL(	OHOL TEST YPE VALUE	STATUS	DRUG TEST(S	T SELECT UP TO 4	
	SELECT OF 102		BY		=	_	RIJUANA	1			1	1	322201 07 10 4	
_4		0 3		5	<b>□</b> 0	THER DRUG			1 1				<u> </u>	
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
	077557 0177 07	ATE TVD												
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE													
	INJURED	EMS AGENCY (NAME)		TINIUDED:	TAVENTO	: MEDICAL FACILITY	ALLES DITIO	CAEETY EQUIDMENT		SEATING DOCITION	N ATD DAG	USAGE EJECTION	TRAPPED	
NJURIES P	TAKEN BY	EWIS AGENCT (NAME)		INJUKED	IAKENTO	: WEDICAL FACILITY	(NAME, CITY)	USED	DOT-CO	MPLIANT	AIR BAG	USAGE EJECTION	IKAPPED	
OL STATE				SE CHAF	RGED LOCAL OFFENSE DES		CRIPTION 1			CITATION NUMBER				
						CODE								
OL CLASS	S ENDORSEMENT RESTRICTION SELECT UPTO 3 DRIV		VER TRACTED	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS   TYPE   RESULT SELECT UP TO 4					
	SELECT UP TO 2		BY	IRACIED	Д	LCOHOL MAI	RIJUANA		314103 1	THE VALUE	314103	TITE KESSE	I SELECTOPIO 4	
					<u></u> 0⁻	THER DRUG								
INJU 1-FATAL	IRIES	SEATING POSITION  1-FRONT-LEFT SIDE	1 - NOT DEF	AIR BAG PLOYED		1 - CLASS A	S	OL RESTRIC 1-ALCOHOL INTER		DRIVER DISTRACT  1 - NOT DISTRACTED	esservice de la company	TEST STA 1 - NONE GIVEN	TUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY	ED FRONT		2 - CLASS B		2 - CDL INTRASTAT	E ONLY	2 - MANUALLY OPERATIN	ICATION	2 - TEST REFUSED		
3 - SUSPECTED I 4 - POSSIBLE IN		2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLOY	ED SIDE ED BOTH FRO	NT/CIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEXTING, TYP		3 - TEST GIVEN, CON SAMPLE / UNUSA		
5 - NO APPAREN		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - NOT APPLICABLE			(OHIO = D) 5 - EXCEPT CLASS			DIALING) A BUS 3 - TALKING ON HANDS-F		REE 4 - TEST GIVEN, RESULTS KNOWN				
IN HIDED	INJURED TAKEN BY  5 - SECOND - MIDDLE		9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY 6 - NO VALID OL			6 - EXCEPT CLASS & CLASS B BUS	4	COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD		5 - TEST GIVEN, RESULTS UNKNOWN				
1 - NOTTRANSPO	ORTED	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRACTO	R-TRAILER	COMMUNICATION DEV	ICE _	ALCOHOL TES	ST TYPE	
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION		OL ENDORSE	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	AN	1 - NONE	J	
3 - POLICE		8-THIRD-MIDDLE		LLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	MIT	6 - PASSENGER		2 - BL00D		
9 - OTHER / UNK	KNOWN	9 - THIRD – RIGHT SIDE 10 - SLEEPER SECTION	3 - TOTALLY			P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY	LICHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE 4 - BREATH		
SAFETY E	QUIPMENT	OF TRUCK CAB	4 - NOT APP	PLICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO DAY		8 - OTHER DISTRACTION O		5 - OTHER		
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED		R - THREE-WHEEL MC	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TEST	TYPE	
2 - SHOULDER B 3 - LAP BELT ON		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRA			S - SCHOOL BUS		13 - MECHANICAL D (SPECIAL BRAK				1 - NONE		
		12 - PASSENGER IN UNENCLOSED				T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		CONTROLS, OR O ADAPTIVE DEVI		CONDITION  1 - APPARENTLY NORMAL		2 - BLOOD		
5 - CHILD RESTR FORWARD FA	RAINT SYSTEM -	CARGO AREA  13 - TRAILING UNIT					14 - MILITARY VEHI		ES ONLY 2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER			
6 - CHILD RESTR	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR	R				15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT	3 - EMOTIONAL (E.G., DEPRI ANGRY, DISTURBED)		DRUG TEST RE	ESULT(S)		
REAR FACING 7 - BOOSTER SE		(NON-TRAILING UNIT) 15 - NON-MOTORIST					16 - OUTSIDE MIRRO		4- ILLNESS		1 - AMPHETAMINES			
	7 - BOOSTER SEAT 15 - NON-MOTORI 8 - HELMET USED 99 - OTHER / UNK						17 - PROST		)	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES		
9 - PROTECTIVE (ELBOW, KNE								18 - OTHER	6- UNDERTHE INFLU					
10 - REFLECTIVE										OF MEDICATIONS / DRUGS / ALCOHOL		4 - CANNABINOIDS 5 - COCAINE		
11 - LIGHTING - F / BICYCLE ON	PEDESTRIAN								9- OTHER / UNKNOWN		6 - OPIATES / OPIOIDS			
	99 - OTHER / UNKNOWN											7 - OTHER 8 - NEGATIVE RESU	LTS	

Ũ	OHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM						2024	- 0 0	ORT NUMBER	0 7	5				
	UNIT #	NIT # NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GEND							
	01	STARKEY, JOHNNIE RAY													
OCCUPANT	ADDRESS	DDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
冒			RD NASHPORT, OH												
J		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	_		TRAPPED			
5	_ 5			0 4	☐ MC HELMET	0 3	1	1	1						
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
볼	ADDRESS	: STREET, CITY,	STATE 7IP					CONTACT PHONE	- INCLUDE AREA CO						
OCCUPAN	,,,,	,	5 <u>2, 2</u> .						INCOSE AREA GO						
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT C	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED					
		TAKEN BY					USED	MC HELMET				ر ا			
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE							
DAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN		T	T												
J	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E   EJECTION	TRAPPED			
5															
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GEND							
Ł	ADDRESS	DDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT									1 1						
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED			
		TAKEN BY					USED	MC HELMET							
		INJU	JRIES	SAFET	EQUIPMENT USED		SEATING POS	ITION		AIR BAG	JSAGE				
	1 - FATA			1 - NONE US VEHICLE	SED - 1 - FRONT – LEFT SIDE E OCCUPANT (MOTORCYCLE DRIV			VFR)							
	3 - SUSPECTED MINOR INJURY 2 - SHOULDE			ER BELT ONLY USED 2 - FRONT - MIDDLE				2 - DEPLO' 3 - DEPLO'							
				3 - LAP BEL	T ONLY USED 3 - FRONT – RIGHT SIE 4 - SECOND – LEFT SIE					4 - DEPLOYED BOTH					
					ER & LAP BELT USED	(MOT	ORCYCLE PASS			ONT/SIDE					
	INJURED TAKEN BY FORWAR  1 - NOTTRANSPORTED 6 - CHILD RI			ESTRAINT SYSTEM – D FACING	ND – MIDDLE ND – RIGHT SII	DE 5 - NOT APP									
					ESTRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE	CAD)	9 - DEPLOYMENT UNKNOWN						
	/TREATED AT SCENE REAR FA 2 - EMS 7 - BOOSTEF				D – MIDDLE	CAR)	1 - NOT EJ	EJECT	LO N						
	3 - POLICE 8 - HELMET				9 - THIRD – RIGHT SIDI				E 2 - PARTIALLY FIFCTE						
	9 - OTHER / UNKNOWN 9 - PROTECT			IVE PADS USED		ENGER IN OTH		3 - TOTALI	Y EJECTE	)					
				KNEES, ETC.) IVE CLOTHING	CARGO AREA (NON-T BUS, PICK-UP WITH CA			4 - NOT APPLICABLE							
	11 - LIGHTIN / BICYCL				NG – PEDESTRIAN LE ONLY  12 - PASSENGER IN UNI CARGO AREA 13 - TRAILING UNIT				TRAPPED						
									1 - NOT TRAPPED  2 - EXTRICATED BY MECHANI						
				99 - OTHER / I	UNKNOWN		NG ON VEHICLE	EXTERIOR	2 - EXTRIC		/IECHANI	CAL			
							MOTORIST		3 - FREED		ECHANIC	AL			
						99 - OTHE	R/UNKNOWN		MEANS	)					
SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS:	: STREET, CITY,	STATE ZIP					CONTACT PHONE		DE DE					
M	ADDICEOU		01812,211						I I	1 1	1 1				
i	NAME: LAS	ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER			
WITNESS												<u> </u>			
ΗM	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
5	NAME	OT EIDOT MACE	u E						E OF BIRTH	<u> </u>	AGE	GENDER			
SS	NAME: LA	ST, FIRST, MIDD	occ.					DAI	- OF DIKIN	_ , , ,	AUL	GENDER			
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE		<u> </u>			
\$									1 1						