OFFIDERIC SAFETY TRAFFIC CRASH	LOCAL REPORT NUMBER*										
PHOTOS TAKEN OH-2 OH-3	2024-	00000	5 5 2								
SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME*  Heath PD	0 4	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS  0 2 0	UNIT IN ERROR 2 98 - ANIMAL						
COUNTY* LOCALITY* LOCATION: CIT	Y, VILLAGE, TOWNSHIP*		CRASH DATE / 1		SH SEVERITY						
4,5 1 1-CITY 2-VILLAGE 3-TOWNSHIP HEATH		0 1182024 1539 5 1- FATAL									
00 / WOODAN	ROAD TYPE	LATITUDE DE		SERIOUS INJURY SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	PARKVIEW		D R	40,038	MINOR INJURY SUSPECTED						
1 11 11 11 11 11 11 11 11 11 11 11 11 1	REFERENCE ROAD NAME (ROAD, I	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES 4 -	INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			1 1	-82,431	3 <b>1 9</b> 5-	PROPERTY DAMAGE ONLY					
1 2-MILE POST 2-SOUTH US 3-EAST US	FEDERAL US ROUTE AV BL	- AVENUE LA - LANE S - BOULEVARD MP - MILEPOST S	RD - ROAD SQ - SQUARE ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
DISTANCE DISTANCE CR.	NUMBERED COUNTY ROUTE I		TE - TERRACE TL - TRAIL	ROADWAY							
7 5 1- MILES 2- FEET 3 - YARDS	ROUTE I	- DRIVE PI - PIKE \ - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIVIDED							
No. 10 and 10 an	A LEY ACCESS RADE CROSSING SE PATHS OR LA LEY ACCESS TRADE ACCESS AS A LEAF ACCES AS A LEAF AND A LEAF ACCES AS A LEAF ACCES AND A LEAF ACCES AS A LEAF ACCES AND A LEAF ACCES AS A LEAF ACCES AND A LEAF AND A LEAF ACCES AND A LEAF AND A LE	CT  E DIRECTION  SSITE DIRECTION  W N	DIRECTION OF TRAVEL  1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST  1 - DIVIDED FLUSH MEDIAN ( < 4 FEET ) 2 - DIVIDED FLUSH MEDIAN ( ≥ 4 FEET ) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 9 - OTHER/UN KNOWN								
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	ORK ZONE	CONTOUR	CONDITIONS	SURFACE					
<del>                                    </del>	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST WARNING SIGN	WORK ZONE	1	2	2					
	WORK ON SHOULDER	2 - ADVANCE WARNIN	ANCE WARNING AREA 1 - STRAIGHT LEVEL 1 - DRY								
4-	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA	4	2 - BLACKTOP, BITUMINOUS,							
ACTIVE SCHOOL ZONE 5-	OTHER	5 - TERMINATION AR	EA	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT 3 - BRICK/BLOCK					
<b>LIGHT CONDITION</b> 1 - Daylight	WEATHE 1 - CLEAR	R 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
1 2 - DAWN/DUSK	02 2 - CLOUDY	7 - SEVERE CROSSWINDS	SWINDS 6-WATER (STANDING, 5-DI								
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 4 - RAIN	8 - BLOWING SAND, SOIL, DIRT 9 - FREEZING RAIN OR FREEZ			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN					
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN	JUNKNOWN					
NARRATIVE		I I I I				Indicate the north					
Unit 1 was traveling east on	Parkview Dr. Unit	2 was				direction with					
following Unit 1. Unit 1 slow				ScenePD ™ - Evaluation Edition		compass diagram.					
ahead. Unit 2 struck the rea	r of Unit 1.	_	Evaluation	Evaluation Edition							
		Evaluation Edition	luation Edition		Evaluation Edition Evaluation Edition	-					
		Eval	Evaluation		Edition	-					
		Evaluation Edition		Parkview Dr.	Evaluation Edition  Evaluation Edition	_					
		Evaluation Edition	Evaluation Unit	Evariation Edition Edition							
			Unit 2	Evaluation Evaluation	Edition Edition						
		Evaluation Edition	Evaluation luation Edition	Edition	Evaluation Edition						
			Not To Scale	Evaluation Edition	Evaluation Edition						
		Evaluation Edition	Evaluation luation Edition	Edition	Evaluation Edition	-					
		-	Evaluation	Evaluation Edition Edition	Evaluation Edition Edition						
		Evaluation Edition	luation Edition	Trancite (877) 908-4777							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	2011-0-01-0-05- 2011/0/0-075: 5447	EPORT TAKEN BY					
01182024 1539 011	82024 1541	01182024 1	5 4 9 0	1182024	1644	POLICE AGENCY					
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT	TICER'S NAME*										
HILLO	Peterson  OFFICER'S BAD	larkley CHECKED	SUPPLEMENT (CORRECTION OR ADDITION 15 ME OUTSIDE REPORT SENT O 1078)								
5,5,5,5	0 7 -		0 7	- 1	4 7						

OHIO DEF OF PUBLI SAFETY - SERVI	OHIO DEPARTMENT MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST						2 0	2 4	4 - 0 0		UMBER O O	5 5	2		
UNIT#								DATE OF BIRTH AGE GENDER							
0 1	HOLSKY, NATALIE GRACE								0 5 / 3 0 / 2 0 0 6 1 7 F						
₽	ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE														
▣	75 COUNTY LINE RD HOPEWELL, OH 43746  URIES INJURED   EMS AGENCY (NAME)   INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY)   SAFETY EQUIPMENT   SEATING POSITION AIR BAG USAGE   EJECTION   TRAPPED														
NO. 5	TAKEN BY				JJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT USED  0 .4.			DOT-COMPLIANT SEATING POSITION MC HELMET			1	AIR BAG USAGE EJECTION TRAPPED  1 1 1			
OL STATE		ERATOR LICENSE NUMBER OFFENSE CHAI			SE CHAI	RGED	LOCAL	OFFENSE DESC	-   -			CITATION NUMBER			
O H		UR LICENSE NUMBER				CODE			NI HON				OTATION NOMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER TRACTED	_	OHOL / DRUG SUSPE		CONDITION	STATUS		L TEST VALUE	STATUS		RESULT	SELECT UP TO 4
_ 4			BY	1	=	THER DRUG	MOUNIA	1	1	1		1	1		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER
0 2	JENKINS,	, LOGAN ANTHONY							1 0	<b>,/</b> ,1	7 / 2	0 0	, <b>5</b>   1	L 8	, м
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTAC	CT PHO	NE - INCLUDE AREA	CODE			
154 PAI	RTRIDGE (	CT APT. B HEATH, OF	1 43056	5											
INJURIES	INJURED I TAKEN BY	EMS AGENCY (NAME)			USED				NT DOT-COMPLIANT SEATING POSITIO				N AIR BAG USAGE EJECTION TRAPPED  1 1 1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL		OFFENSE DESC	<u>.                                      </u>		التنا		CITATION NUMBER			
Вон				333.0	CODE		333.03					145011824001			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER	ALC	OHOL / DRUG SUSPE		CONDITION	A		L TEST VALUE	STATUS		TEST(S	SELECT UP TO 4
	SELECT OP 10 2		BY	TRACTED	=		RIJUANA	1			VALUE	1	1	KESULI	SELECT OF TO 4
4				8	0	THER DRUG			1	<u>1</u>	•			<u> </u>	
UNIT#	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER
ADDDESS.	<u></u>								CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS:	DDRESS: STREET, CITY, STATE, ZIP								CUNTAC	CI PHU	NE - INCLUDE AREA	CODE			
9	INJURED	EMS AGENCY (NAME)		IN HIRED	TAKENTO	: MEDICAL FACILITY	(NAME CITY)	SAFETY FOILIPMENT			SEATING POSITI	ON ATD RA	AC IISAGE	FIECTION	TRAPPED
NON	TAKEN BY	EMS AGENOT (NAME)		INSURED	TAKENTO	. MEDIONE I NOILII I	INAME, GITTI	USED	DOT-COMPLIANT MC HELMET			OIL MIK BA	AIR BAG USAGE ESECTION TRAFFED		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL OFFENSE DESC			RIPTION (			CITA	CITATION NUMBER			
							CODE								
OL CLASS	_ASS ENDORSEMENT RESTRICTION SELECT UP TO 3			IVER STRACTED	ALC	OHOL / DRUG SUSPE	CTED	CONDITION	A STATUS		L TEST VALUE	STATUS	DRUG TYPE	TEST(S	SELECT UP TO 4
	522201 01 102		BY	ITRACTED	=	_	RIJUANA				TALUL .	0174100		I KEGGE	555501 01 10 4
	RIES	SEATING POSITION		AIR BAG	<u></u> □ 0	THER DRUG OL CLASS		OL RESTRIC	TION(S)	DE	RIVER DISTRAC	TION		EST STA	
1 - FATAL	K1E3	1 - FRONT - LEFT SIDE	1 - NOT DE			1 - CLASS A	•	1-ALCOHOL INTER			NOT DISTRACTED	FIIUN	1 - NONE		103
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOY				2 - CDL INTRASTATE ONLY			2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION		2 - TEST REFUSED			
3 - SUSPECTED 4 - POSSIBLE IN		ORT 3 FRONT DIGHT CIDE		ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LENSES 4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
5 - NO APPAREN		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT API	LICABLE (OHIO = D)			5 - EXCEPT CLASS A BUS		3-	3 - TALKING ON HANDS-FREE		4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS			
INJURED '	TAKEN BY  5 - SECOND - MIDDLE  9 - DEPLOYMENT UNKNOWN  5 - M/C MOPED ONLY  6 - NO VALID OL				6 - EXCEPT CLASS A & CLASS B BUS	PT CLASS A COMMONISMENT OF PETER INIVIDUAL						ULI3			
1 - NOT TRANSP				OL ENDORSE	AENT.				COMMUNICATION DE	ALCOHOL TEST TYPE					
2 - EMS	(MOTORCYCLE SIDE CAR) 1 - NOT EJECTE			6- INTERWEDIA			8 - INTERMEDIATE RESTRICTIONS					1 - NONE			
3 - POLICE	O THIRD DIGHT SIDE		LLY EJECTED	nr.			9 - LEARNER'S PERMIT RESTRICTIONS			6 - PASSENGER 2 - BLOO 7 OTHER DISTRACTION 3 - URIN					
9-01HER/UNK	10 - SLEEPER SECTION 4 - NOT AP				10 - LIMITED TO DAYLIGHT ONLY			7 - OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREATH					
1 - NONE USED	EQUIPMENT OF IRUCK CAB			Q - MOTOR SCOOTER 11 - LIMITED TO EM		THE VEHICLE		OUTSIDE	DUTSIDE 5 - OTHER						
	DER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOT TRAPPED			S - SCHOOL BUS 13 - MECHANICAL D		EVICES 9 - OTHER / UNKNOWN				DRUG TEST TYPE 1 - NONE					
				(TRICATED BY T - DOUBLE & TRIPLE TRAILERS ECHANICAL MEANS X - TANKER / HAZMAT			(SPECIAL BRAK) CONTROLS, OR O	THER CONDITION			2 - BLOOD				
	5 - CHILD RESTRAINT SYSTEM - CARGO AREA		3 - FREED					ADAPTIVE DEVI 14 - MILITARY VEHIO	1 ATTAICEITET HORINAL			3 - URINE			
	FORWARD FACING 13 - TRAILING UNIT CHILD RESTRAINT SYSTEM = 14 - RIDING ON VEHICLE EXTERIOR		NUN-ME				15 - MOTOR VEHICLE	S WITHOUT 3 - EMOTIONAL (E.G., DEPR							
REAR FACING	EAR FACING (NON-TRAILING UNIT)						AIR BRAKES  16 - OUTSIDE MIRROR			ANGRY, DISTURBED) 4- ILLNESS		DRUG TEST RESULT(S)  1-AMPHETAMINES			
7 - BOOSTER SE 8 - HELMET USE							17 - PROSTHETIC AID		5 - F	5 - FELL ASLEEP, FAINTED,		2 - BARBITURATES			
9 - PROTECTIVE	9 - PROTECTIVE PADS USED							18 - OTHER			FATIGUED, ETC. 6- UNDER THE INFLUENCE		3 - BENZODIAZEPINES		
	(ELBOW, KNEES, ETC.) REFLECTIVE CLOTHING									OF MEDICATIONS / DRUGS /ALCOHOL			4 - CANNABINOIDS 5 - COCAINE		
11 - LIGHTING - F	NG – PEDESTRIAN									9- OTHER / UNKNOWN			6 - OPIATES / OPIOIDS		
/ BICYCLE ON 99 - OTHER / UNK													7 - OTHE 8 - NEGA	ER ATIVE RESUI	LTS