OHIO DEPARTMENT TRAFFIC CRASH	L	OCAL REPORT NUMBER									
□ 0H-2 □ 0H-3	2024-	00000	945								
PHOTOS TAKEN OH-1P OTHER SECONDARY CRASH PRIVATE PROPERTY	5 0 7	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 0 2 0 1 98 - ANIMAL									
COUNTY* LOCALITY* LOCATION: CIT	بئت	2 - UNSOLVED 99 - UNKNOWI CRASH DATE / TIME * CRASH SEVERITY									
4.5 1 2-VILLAGE HEATH 01302024 1814 5											
T MODELL	ROAD TYPE	LATITUDE DEC		SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1- NORTH 2- SOUTH 3- EAST 4- WFST		ı	f i	40,031	2 4 0	- MINOR INJURY SUSPECTED					
1 11 201	REFERENCE ROAD NAME (ROAD, N	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		- INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	Andover		R D	-82 4 3 8 3	3 1 3 5	- PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE		I	NTERSECTION RELATE						
1-INTERSECTION 1-NORTH IR	914		- ROAD - SQUARE	WITHIN INTER	RSECTION OR ON APPRO	ACH					
3-HOUSE # 3-EAST	- I EBERAL OF ROOTE		- STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
DISTANCE DISTANCE CR	- NUMBERED COUNTY ROUTE I		- TERRACE - TRAII	Manager 9	ROADWAY						
1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY											
3-YARDS		HEIGHTS PL - PLACE			T						
LOCATION OF FIRST HARMFUL EVEI 1 - ON ROADWAY 9 - CROSSOVE		IER OF CRASH COLLISION/IMPACT OLLISION 4 - REAR-TO-REAR	Γ	DIRECTION OF TRAVEL 1 - NORTH	- Address section	AN TYPE FLUSH MEDIAN					
0 1 2 - ON SHOULDER 10 - DRIVEWAY		2 - SOUTH	(< 4 FEE								
4 - ON ROADSIDE 12 - SHARED L	A FUI	CLES IN 6-ANGLE SPORT 7-SIDESWIPE, SAME D -END 8-SIDESWIPE, OPPOSI	2000000	3 - EAST 4 - WEST	(≥4 FEE	T)					
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LAN		4 - DIVIDED,	DEPRESSED MEDIAN RAISED MEDIAN								
7 - ON RAMP 14-TOLL BOOTH (ANY TYPE)											
G- OIT MAINIT	WORK ZONE TYPE	LOCATION OF CRASH IN WOR	V 70NE	CONTOUR	CONDITIONS	SURFACE					
	LANE CLOSURE	1 - BEFORE THE 1ST WO		1 ,	2	2					
] _ 3	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNING	AREA		1 - DRY	1 - CONCRETE					
LAW ENFORCEMENT PRESENT	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA		2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS,							
	OTHER	5 - TERMINATION AREA	1		3 - SNOW	ASPHALT					
LIGHT CONDITION	WEATHE	R		4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAG, GRAVEL,							
1 - DAYLIGHT 2 - DAWN/DUSK	1 - CLEAR 04 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING,	STONE					
3 - DARK – LIGHTED ROADWAY		MOVING)	5 - DIRT 9 - OTHER/UNKNOWN								
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZING 99 - OTHER / UNKNOWN	G DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	, criterionino					
9 - OTHER/ UNKNOWN					5 - OTHER OWN						
NARRATIVE		<u> </u>		7 1 1 1		Indicate the north					
Unit 2 was legally stopped in						an "N" on the compass diagram.					
SR79, waiting for a vehicle i into a parking lot. Unit 1 wa		- 1		ScenePD ™ - Evaluation Edition		· _					
Unit 1 continued through a		Evaluation Edition	Evaluation on Edition	Evaluation Edition Edition	Evaluation Edition						
intersection with Andover R	-	ve		Evaluation Edition		ion					
enough space to safely stop		F	Evaluation on Edition	Edition	dition Evaluation Minimum Evaluation Minimum Evaluation Edition	-					
		ANDOVER	RD Evaluation	Evaluation E Evaluation Edition	Evaluation Edition						
			Evaluation on Edition	Londi	valuation Editi	ion —					
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition											
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition											
Evaluation Edition Evaluation Edition											
Evaluation Edition											
Evaluation Edition											
Trancite (877) 908-4777											
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	2 1 0			REPORT TAKEN BY POLICE AGENCY					
0 1 3 0 2 0 2 4 1 8 1 4 0 1 3				1302024	1902	MOTORIST					
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINU			nart	CER'S NAME*		SUPPLEMENT (CORRECTION OR ADDITION					
0, 4,1, 4,1	OFFICER'S BAD	GE NUMBER* 5 , 5 , 0		OFFICER'S BADGE N	UMBER*	TO AN EXISTING REPORT SENT TO ODPS)					

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0	2	4 -	LOCAL RE		UMBER O O		5				
UNIT # 0 1							0 3			OF BIRTH	9 9	7	AGE 2 6	GENDER M			
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP								\vdash			NCLUDE AREA					
2	1100 THORNWOOD DR 73 HEATH, OH 43056																
INJURIES	INJURIES INJURED EMS AGENCY (NAME)				TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)			T-Compli	SE SE	ATING POSITI	ON AIR B	AG USAGE	EJECTION	TRAPPED	
5	5 TAKEN BY							USED O 4		HELME		0 1	_ _1	L	1	_1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE DE			OFFENSE DESC	CRIPTION				CITATION NUMBER					
BO H					333.03							013	013024001				
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Tracted	_	DHOL / DRUG SUSP LCOHOL MA	ECTED RIJUANA	CONDITION	STATUS	TYPE		VALUE	STATUS		G TEST(S RESUL	SELECT UP TO 4	
_ 4			".	1	=	THER DRUG		1	1	1			1	1			
UNIT #	NAME: LAST, F	FIRST, MIDDLE							DATE OF BIRT			OF BIRTH			AGE	GENDER	
0 2	BRADFOR	RD, PAUL GEORGE							_/ _3	3 1	,/ ,1	9 5	9	6 4	M		
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				CODE				
⊇		WARK, OH 43055															
	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 4		T-COMPLI			ON AIR B	AG USAGE I	EJECTION 1		
OL STATE		TCENSE NIIMBED		OFFEN	SE CHAF	OGEN	LOCAL	OFFENSE DESC					_	TION NUMBER			
O H	OT ERATOR E	PERATOR LICENSE NUMBER			SE OHA	HARGED LUCAL OFFENSE DES			RIFIION				0117	CITATION NOMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		VER	ALC	OHOL / DRUG SUSP	L LL ECTED	CONDITION	ALCOHOL TEST			LOTATIO	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
	BY			TRACTED	Д	LCOHOL MA	RIJUANA	1	STATUS			VALUE	STATUS 1	1 TYPE	E KESUL	SELECT UPTO 4	
4	<u></u>			1	0	THER DRUG			1	1							
UNIT #	NAME: LAST, F	-IRST, MIDDLE							DATE OF BIRT			NE RIKIH			AGE	GENDER	
ADDRESS:	: STREET, CITY, ST	ATE. ZIP							CONT	ACT PHO	NF - I	NCLUDE AREA	CODE				
TORI		··· -, - -·							I I	1							
<u> </u>		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		— DO	T-Compli	SE SE	ATING POSITI	ON AIR B	AG USAGE	EJECTION	TRAPPED	
NON /	TAKEN BY		OFFENSE CHARGED LOCAL OFFENSE DES			USED		HELME			_						
OL STATE	OL STATE OPERATOR LICENSE NUMBER					OFFENSE DESC	RIPTION			CITA	CITATION NUMBER						
									ALCOHOL TEST DRUG TE					G TEST(S	,		
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSP LCOHOL MA	ECTED RIJUANA	CONDITION	STATUS			VALUE	STATUS			SELECT UP TO 4	
					=	THER DRUG								ال			
	JRIES	SEATING POSITION		IR BAG		OL CLAS	S	OL RESTRIC			W. W. W. W. W.	R DISTRAC	CTION		TEST STA	TUS	
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYI			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTATI			- MANU	STRACTED ALLY OPERATI			NE GIVEN ST REFUSED		
	MINOR INJURY	2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLOYI		NT / CIBE	3 - CLASS C		3 - CORRECTIVE LE	NSES		DEVIC	RONIC COMMU E (TEXTING, T)			ST GIVEN, CON MPLE / UNUSA		
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	ED BOTH FRO LICABLE	IN I / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS A	A BUS	3-	DIALIN TALKIN	IG) IG ON HANDS-I	FREE	4 - TES	ST GIVEN, RES	ULTS KNOWN	
TNJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOYI	MENT UNKN	OWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS	A	1		UNICATION DE IG ON HAND-H			ST GIVEN, RES KNOWN	SULTS	
1 - NOT TRANSP /TREATED A	PORTED	6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	F	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO		}	COMM	UNICATION DE	VICE	ALC	OHOL TE	ST TYPE	
2 - EMS	NI JULINE	(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT	WENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5-		ACTIVITY WIT RONIC DEVICE		1 - NOI			
3 - POLICE 9 - OTHER / UNK	KNIOWN	8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MIT		- PASSE	NGER DISTRACTION		2 - BL0 3 - UR1			
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP			N - TANKER		10 - LIMITED TO DAY		Y	INSIDE	THE VEHICLE		4 - BRI			
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	TI	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TODOVOLE	11 - LIMITED TO EMP			THE VE	DISTRACTION EHICLE	I OU I SIDE	5 - OTH			
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRA			S - SCHOOL BUS	TONGTOLL	13 - MECHANICAL DE (SPECIAL BRAKE		9-	- OTHER	/UNKNOWN		1 - NOI	RUG TEST Ne	TYPE	
3 - LAP BELT ON 4 - SHOULDER &	NLY USED & LAP BELT USED	12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	ATED BY ATED BY	3	T - DOUBLE & TRIPLE		CONTROLS, OR O	THER	1		ONDITION		2 - BL0			
	RAINT SYSTEM -	CARGO AREA 13 - TRAILING UNIT					14 - MILITARY VEHI			CLES ONLY 2 - PHYSICAL IMPAIRMEN				3 - URINE T 4 - OTHER			
6 - CHILD REST	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				15 - MOTOR VEHICLE AIR BRAKES	'S WITHOUT 3		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		RESSED,	DRUG TEST RESULT(S)		SULT(S)			
REAR FACIN 7 - BOOSTER SE		(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRROR 4- ILLNESS				1 - AMPHETAMINES					
8 - HELMET US		99 - OTHER / UNKNOWN						17 - PROSTHETIC AID 18 - OTHER	J		FATIGU	SLEEP, FAINTE ED, ETC.			RBITURATES NZODIAZEPIN	ES	
9 - PROTECTIVE (ELBOW, KNI	EES, ETC.)										OF MED	THE INFLUEN DICATIONS / DR		4 - CA1	NNABINOIDS		
10 - REFLECTIVE											/ALCOH OTHER	IOL / UNKNOWN		5 - COC 6 - OPI	CAINE IATES / OPIOIC)S	
/ BICYCLE OF	NLY													7 - 0TH	HER		
99 - OTHER / UNKNOWN														8 - NE	GATIVE RESU	LTS	

Q	OCCUPANT / WITNESS ADDENDUM							2 0 2 4 - 0 0 0 0 0 9 4 5							
	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ı	01 FREEZE, EMILIE MAIRE								1 0 / 2 9 / 2 0 0 4 1 9 F						
NV	ADDRESS	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
OCCUPANT	1100 T	HORNWO	OOD DR 64 HEATH												
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
	_5	BY				☐ MC HELMET	0 3	1	1	_1					
ľ	UNIT #	NAME: LAS	T, FIRST, MIDDLE		DAT	E OF BIRTH		AGE	GENDER						
PAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
OCCUPANT															
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
5															
ı	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GE							
								Tabutan Duays							
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT		FIECTION	TRAPPED						
	INDUNIES	TAKEN BY	Emo Adenti (MAWE)		INSURED TAKEN TO. INCOME I AGE	TT (NAME, OTT)	USED	DOT-COMPLIANT	SEATING TOSTITON	AIK BAG OSAGE	Laconon	TRAITED			
٥	UNIT #	NAMELIAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
	ONII #	NAIWE: LAS	I, FIRST, WIDDLE					DATE	L OF BIRTH		AUL	GENDER			
¥	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT								THOUSE AREA GOVE							
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	DOT 0	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
ı	1 1	TAKEN BY					USED	MC HELMET			, l	r i			
		INJU	JRIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA	A L		1 - NONE US			IT – LEFT SIDE	ED)	1 - NOT DE	PLOYED					
	2 - SUSI	PECTED SE	RIOUS INJURY		OCCUPANT ER BELT ONLY USED		ORCYCLE DRIV IT – MIDDLE	ER)	2 - DEPLOYED FRONT						
	3 - SUSPECTED MINOR INJURY			FONLY USED	3 - FRON	IT – RIGHT SIDE		3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE							
	4 - POSSIBLE INJURY				ER & LAP BELT USED		ND – LEFT SIDI ORCYCLE PASS								
				ESTRAINT SYSTEM -	5 - SECO	ND – MIDDLE		5 - NOT AP	T APPLICABLE						
ı	INJURED TAKEN BY FORWARI				YMENT UNKNOWN										
	1 - NOT TRANSPORTED 6 - CHILD RE /TREATED AT SCENE REAR FA			ESTRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE									
	2 - EMS 7 - B00STER			SEAT	8 - THIR		1 - NOT EJECTED								
	3 - POLICE 8 - HELMET				USED	9 - THIR 10 - SLEE	LLY EJECT	CTED							
	7 01112111 01111111111			TVE PADS USED KNEES, ETC.)	11 - PASS	Y EJECTED									
					IVE CLOTHING		O AREA (NON-TI PICK-UP WITH CAI		4 - NOT AP	PLICABLE					
					G – PEDESTRIAN		ENGER IN UNE O AREA	NCLOSED	TRAPPED						
				/ BICYCLI			LING UNIT		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL			- A I			
	99 - OTHER /				UNKNOWN		NG ON VEHICLE	EXTERIOR	MEANS			AL			
							MOTORIST			BY NON-ME	CHANIC	AL			
						99 - OTHE	R/UNKNOWN		MEANS)					
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDDECC	0TDEET 01TV						CONTACT PHONE							
M	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
5	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
SS		,, mibb								, , ,					
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
Š															
S.	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
WITNESS															
Ħ	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					