OHIO DEPARTMENT T	RAFFIC C	RASH R	EPORT *DENOTE	ES MANDATORY FIE	LD FOR SUPPLEM	IENT REPORT			LO	CAL REI	PORT NUI	MBER*	
OHIO DERARMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT OHIO DERARMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT LOCAL INFORMATION							2 (0 2 4	ļ <u>-</u>	0 0	0 0	0 (9 9 2
PHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME*						NCIC*		HIT/SKIP	N	IUMBER	OF UNITS	U	NIT IN ERROR
SECONDARY CRASH	0	4507		1 - SOLVE J 2 - UNSOL	ACC	0	2	0 2	2 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALITY*	CITY				CRASH DAT			_		I SEVERITY ATAL			
45 1 2-VILLAGE HEATH										125	6 5		ERIOUS INJURY
ROUTE TYPE ROUTE NO	UMBER PREFIX 1 2 3		ROAD TYPE	1	LATITUD			(1)		USPECTED IINOR INJURY			
				0 3	7 8	5 6		S	USPECTED				
ROUTE TYPE ROUTE NU		- SOUTH	FERENCE ROAD NAME (F		DUSE #)	ROAD TYPE		LONGITUI					NJURY POSSIBLE
		- EAST - WEST 54	40 Hebron Rd.				-82	4 2	9 5	5 4			ROPERTY DAMAGE NLY
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE	ID IN	ROUTE TYPE TERSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE HW - HIGHWAY	RD - ROAD			IN.	TERSEC	TION RE	LATED	
3 2- MILE POST	2 - SOU	TH US - FE	DERAL US ROUTE	AV - AVENUE		SQ - SQUARE		WITHIN I	NTERS	ECTION	OR ON AP	PROACH	
3- HOUSE #	3 - EAS		ATE ROUTE			ST - STREET TE - TERRACE		WITHIN I	NTERC	HANGE	AREA	NUMBE	ER OF APPROACHES
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASUR	E	MBERED COUNTY ROUTE	CR - CIRCLE CT - COURT		TL - TRAIL				RO	ADWAY		
a a a a	1 - MILE 2 - FEE	T RO	MBERED TOWNSHIP UTE	DR - DRIVE HE - HEIGHTS	PI - PIKE N	WA - WAY	X	ROADWAY	DIVID	ED			
LOCATIO	3 - YARD		İ	MANNER OF CRASH		eT.	DIDEO	TION of TD	41/51		72	EDIANI	TVDE
1 - ON ROADWA		ROSSOVER	1	NOT COLLISION 4	- REAR-TO-REAR		DIKEC	TION OF TR 1 - NORT	***************************************	_		EDIAN 1 DED FLU	JSH MEDIAN
0 1 2-ON SHOULD		DRIVEWAY/ALI RAILWAY GRAI		TWO MOTOR ,	- BACKING - ANGLE		1_1_	2 - SOUT	'H	4	T .	FEET)	JSH MEDIAN
4 - ON ROADSI	DE 12-S	SHARED USE F	PATHS OR	TRANSPORT 7	- SIDESWIPE, SAM			3 - EAST 4 - WES	- 1		(≥4	FEET)	PARTIES AND SELECTION OF SELECT
5 - ON GORE 6 - OUTSIDE TR	10.5	TRAILS BIKE LANE			- SIDESWIPE, 0PP - OTHER / UNKNO						4 - DIVII	DED, RA	PRESSED MEDIAN ISED MEDIAN
7 - ON RAMP	7 - ON RAMP 14-TOLL BOOTH (ANY TYPE)											IOWN	
8 - OFF RAMP	1		ORK ZONE TYPE	LOCATIO	N OF CRASH IN WO	DDV ZONE	-	ONTOUR		COM	NDITIONS		SURFACE
WORK ZONE RELA			NE CLOSURE		BEFORE THE 1ST			1			1		2
WORKERS PRESE	NT		NE SHIFT/CROSSOVER RK ON SHOULDER	2 -	WARNING SIGN ADVANCE WARNII	NG AREA	1 - STF	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE					
LAW ENFORCEME	NT PRESENT L	ORI	MEDIAN		TRANSITION AREA	4		RAIGHT GRA		-WET			2 - BLACKTOP,
ACTIVE SCHOOL Z	ONE	4 - IN I 5 - OTH	ERMITTENT OR MOVING \ HER	to a comp	ACTIVITY AREA TERMINATION AR	EΑ	3 - CUI	RVE LEVEL	3	- SNOW			BITUMINOUS, ASPHALT
LIGHT	CONDITION		·WI	ATHER			1	RVE GRADE HER/UNKNO		- ICE	MUD, DIR	т	3 - BRICK/BLOCK
1 - DAYLIGHT			1 - CLEAR	6 - SNOW			9-011	TERVONKINO	WIN 3		RAVEL	1	4 - SLAG, GRAVEL, STONE
2 - DAWN/DUSK	(HTED ROADWAY	1.0	2 - CLOUDY 3 - FOG. SMOG. S.	7-SEVERE MOKE 8-BLOWING	CROSSWINDS SAND SOIL DIRT	r. snow			6	- WATER	R (STANDI NG)	NG,	5 - DIRT
4 - DARK – ROA	DWAY NOT LIGHTE		4 - RAIN	9 - FREEZIN	G RAIN OR FREEZ				7	- SLUSH	1	1	9 - OTHER/UNKNOWN
5 - DARK – UNK 9 - OTHER / UNI	(NOWN ROADWAY KNOWN	LIGHTING	5 - SLEET, HAIL	99 - OTHER	UNKNOWN				9	- OTHER	RVUNKNOW	/N	
NARRATIVE											1	N̂,	Indicate the north
Unit 1 was tr	aveling no	orth on S	SR 79 in the ri	ght turn									> direction with an "N" on the
lane approac	hing Hope	well Dr.	. Unit 2 was e	xiting a			SceneP	PD ™ - Evaluation I	Edition			~~	compass diagram.
private drive	from the	east sid	e of SR79. Un	it 2 failed	_	Evaluatio	Eva	aluation Edition					
	•		the driveway		Eva Evaluation Edition	luation Edition			/	Evaluation		tion Edition	- -
-			t struck the ri	ght side	Eve	Evaluation	Eva on Edition	aluation Edition	luation Editi	ion			
of Unit 1 as U	of Unit 1 as Unit 1 was passing. Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition												
					Eva	Evaluatio	Edition Eva	aluatish Editish	/S	/=/	Y		
Evaluation Edition													
					Evaluation Edition	////	//	/ Eva	luation Editi	Evaluation	Evaluat Edition	tion Edition	
					Evaluation Edition	fuation Evaluation	on Edition Eva	Auation Edition					
									luation Editi	Evaluation		tion Edition	
					Eva Evaluation Edition	luation Edition	Eva Edition	aluation Edition					
CRASH REPORTED	DATE / TIME	nie	PATCH DATE / TIME	ADI	RIVAL DATE / TIME	<u> </u>		ncite (877) 908-47		TE / TIM	Æ İ	per	PORT TAKEN BY
0,2012024	Contraction of the Contraction of					3040							OLICE AGENCY
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*	, v		HECKED BY OFFI						_	10TORIST
ROADWAY CLOSED INV		MINUTES	Peterson			lunt	I C Navi	MAINE			- 1		UPPLEMENT ORRECTION OR ADDITION
	1 7	4 7		'S BADGE NUMBER	1	O 7	BY OFFI	CER'S BAD		MBER*	0		AN EXISTING REPORT SENT TO ODPS)
	1 ₁ 7 ₁ 1	4 7	0 7	- , 1 , 4	4 5	J /				_	·		

J FIRST HARMFUL EVENT

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0	2 4	4 - 0 0			9 9	2					
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH AGE GENDER								
01	FAHEY, EDWARD VINCENT								0 1 / 0 3 / 1 9 7 0 5 4 M									
2	ANKLIN AV HEATH, OH 43056 CONTACT PHONE - INCLUDE AREA CODE										CODE							
INJURIES		EMS AGENCY (NAME)	TAKEN TO	: MEDICAL FACILITY	DICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			DOT-COMPLIANT SEATING POSITION A			AIR BAG USAGE EJECTION TRAPPED							
5	TAKEN BY							USED 0 4		MC HELMET 0 1			1 1 1					
OL STATE	OPERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL CODE				OFFENSE DESCRIPTION			CITA	TION NU	MBER				
O H																		
OL CLASS	ENDORSEMENT SELECT UP TO 2			PTO3 DRIVER DISTRACTED ALCOHOL / DRUG SUSPECTED CONDITION BY ALCOHOL MARIJUANA			CONDITION	STATUS		VALUE	STATUS		RESULT	SELECT UP TO 4				
_4			1 OTHER DRUG			1	1	1	•	_1	1		لـــالـــالـــا					
UNIT#	NAME: LAST, FIRST, MIDDLE									D	ATE OF BIRTH			AGE	GENDER			
0 2	JENKINS,	MATTHEW DUANE						1 0 / 2 5				9 7	9 4	4	M			
ADDRESS:	STREET, CITY, ST	ATE, ZIP							E - INCLUDE AREA CODE									
፭		NASHPORT, OH 4383	30						لــــــــــــــــــــــــــــــــــــــ			4						
INJURIES 5	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME			(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT			ON AIR BA	AG USAGE	EJECTION 1	TRAPPED 1			
OL STATE	OPERATOR L	ICENSE NUMBER					LOCAL CODE	OFFENSE DESCRIPTION				ATION NUMBER						
В о н ∫				331.2	331.22 CO			331.22			145020124001							
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER ALCOHOL / DRUG SUSPECTED				CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UPT						
. 4			BY	1	=	LCOHOL MAF THER DRUG	RIJUANA	1 1	1	1 .		1	1					
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER			
										1 1	1 1 1 1	1 1		1 1				
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP								CONTAC		NE - INCLUDE AREA	CODE						
ADDRESS:											1 1	1		1				
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		-Complia		ON AIR BA	G USAGE	EJECTION	TRAPPED			
	OL STATE OPERATOR LICENSE NUMBER							MC HELMET				CITATION NUMBER						
OL STATE							OFFENSE DESC	RIPTION	PTION C			JITATION NUMBER						
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRI	VER	AL C	OHOL / DRUG SUSPE	CTED	CONDITION	А	ALCOHO	L TEST		DRUG	TEST(S				
OL OLAGO	SELECT UP TO 2			ISTRACTED -			RIJUANA		STATUS	TYPE	YPE VALUE S		TYPE	RESULT	SELECT UP TO 4			
					0	THER DRUG					•							
INJU 1-FATAL	RIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEF	AIR BAG		OL CLASS 1 - CLASS A	5	OL RESTRIC 1-ALCOHOL INTER			RIVER DISTRACTED	TION	1 - NONE	GIVEN	TUS			
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT		2 -	MANUALLY OPERATIN			REFUSED				
3 - SUSPECTED I 4 - POSSIBLE IN		3 FRONT DICHT CIDE			YED SIDE 3 - CLASS C YED BOTH FRONT / SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LE 4 - FARM WAIVER	NSES		ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
5 - NO APPAREN		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPLICABLE			(OHIO = D)		5 - EXCEPT CLASS	A BUS 3-TAI		DIALING) TALKING ON HANDS-FREE		4 - TEST GIVEN, RESULTS KNOWN					
INJURED	TAKEN BY	EN BY 5 - SECOND - MIDDLE 9 - DEPLOYMENT UNKNOWN				5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS	A COMMUNICATION DEVI 4 - TALKING ON HAND-HEL				IINKNOWN					
1 - NOT TRANSPO /TREATED AT		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	F	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO			COMMUNICATION DEV	/ICE	ALCO	HOL TES	Т ТҮРЕ			
2 - EMS	JULIVE	(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT	· · · · · ·	8 - INTERMEDIATE RESTRICTIONS	LICENSE		ELECTRONIC DEVICE		1 - NONE 2 - BLOOD					
3 - POLICE 9 - OTHER / UNKNOWN		O THIRD DICHT CIDE			D.C.			9 - LEARNER'S PER RESTRICTIONS	9 - LEARNER'S PERMIT 6 - PASSENGI RESTRICTIONS 7 - OTHER DI			2 LIDINE						
		10 - SLEEPER SECTION 4 - NOT APPLICABLE			CABLE N-TANKER 10-LIMITED TO			10 - LIMITED TO DAY	YLIGHT ONLY INSIDE THE VEHICLE			4 - BREATH						
	1 - NONE USED 11 - PASSENGER IN OTHER			TDADDED 10 LIMITED OF				11 - LIMITED TO EMP 12 - LIMITED - OTHE	ER THE VEHICLE			OUISIDE						
2 - SHOULDER BELT ONLY USED		(NON-TRAILING UNIT, BUS,	N-TRAILING UNIT, BUS, 1 - NOT TRAPPED			R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS 13 - MECHANICAL DI (SPECIAL BRAK)			EVICES 9 - OTHER / UNKNOWN				DRUG TEST TYPE 1-NONE					
3 - LAP BELT ON 4 - SHOULDER &	LAP BELT USED	PICK-UP WITH CAP) 2 - EXTRICATED BY 12 - PASSENGER IN UNENCLOSED MECHANICAL MEA			EANS T - DOUBLE & TRIPLE TRAILERS			CONTROLS, OR O	THER	ER CONDITION			2 - BL00D					
5 - CHILD RESTR FORWARD FA	RAINT SYSTEM -	M _ CARGO AREA 3-FREED B			BY X - TANKER / HAZMAT ECHANICAL MEANS			14 - MILITARY VEHICLES ONLY			1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER					
6 - CHILD RESTR	RAINT SYSTEM -	STEM - 14 - RIDING ON VEHICLE EXTERIOR						15 - MOTOR VEHICLE AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)				SULT(S)				
REAR FACING 7 - BOOSTER SE		(NON-TRAILING UNIT) 15 - NON-MOTORIST					16 - OUTSIDE MIRRO	4- I	4- ILLNESS			DRUG TEST RESULT(S) 1-AMPHETAMINES						
8 - HELMET USE	ED	99 - OTHER / UNKNOWN						17 - PROSTHETIC AID 18 - OTHER)		FELL ASLEEP, FAINTE FATIGUED, ETC.	D,	, 2 - BARBITURATES					
9 - PROTECTIVE (ELBOW, KNE							23 3 11 21	6- UN			INDERTHE INFLUENCE IF MEDICATIONS / DRUGS 3 - BENZODIAZEPIN 4 - CANNABINOIDS			-0				
10 - REFLECTIVE	CLOTHING	HING								1	ALCOHOL		5 - COCAI		c			
11 - LIGHTING - P / BICYCLE ON		9- OTHER / UNKNOWN							6 - OPIATES / OPIOIDS 7 - OTHER									
99 - OTHER / UNK	NOWN												8 - NEGATIVE RESULTS					

Ũ	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM									O O O	9 9	2			
	UNIT #	NIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH						
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
90	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
i	UNIT #	NAME: LAS	T, FIRST, MIDDLE	DATI	E OF BIRTH		AGE	GENDER							
									1 1 1						
OCCUPAN	ADDRESS:	: STREET, CITY,	STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE								
٥	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facili	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
Ì	UNIT#	INIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GEND						
ANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN															
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facili	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
Ī	UNIT#	NIT # NAME: LAST, FIRST, MIDDLE							E OF BIRTH		AGE	GENDER			
PANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT			.						1 1		<u> </u>				
	INJURES INJURED TAKEN BY EMS AGENCY (NAME)				INJURED TAKEN TO: Medical Facility (NAME, CITY) USED SAFETY EQUIPM			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
i		INJU	JRIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA	A L		1 - NONE US			T – LEFT SIDE								
	4 - POSSIBLE INJURY 3 - LAP BELT				R BELT ONLY USED	ORCYCLE DRIV T – MIDDLE	EK)		YED FRONT						
					ONLY USED		T – RIGHT SIDE			3 - DEPLOYED SIDE 4 - DEPLOYED BOTH					
					R & LAP BELT USED	(MOT	ORCYCLE PASS		FRONT						
		INJURED	TAKEN BY	5 - CHILD RE FORWARI	STRAINT SYSTEM – D FACING		ND – MIDDLE ND – RIGHT SII	DE	5 - NOT AP	PLICABLE YMENT UNI	(NOWN				
		TRANSPOR		6 - CHILD RE	STRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE	CAR)	7- 021 20						
	2 - EMS		CENE	7 - BOOSTER		8 - THIR	D – MIDDLE		1 - NOT EJ	EJECTI ECTED	UN				
	3 - P0LI	ICE		8 - HELMET	USED		D – RIGHT SIDE PER SECTION (2 - PARTIA	ED					
	9 - OTHI	ER/UNKNO	OWN		IVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALLY EJECTED						
					IVE CLOTHING		O AREA (NON-TE PICK-UP WITH CAI		4 - NOT APPLICABLE						
				11 - LIGHTING / BICYCLI	G – PEDESTRIAN		ENGER IN UNE O AREA	NCLOSED	TRAPPED 1 - NOT TRAPPED						
				99 - OTHER / I		LING UNIT IG ON VEHICLE	EVTEDIOD	2 - EXTRICATED BY MECHANICAL							
						TRAILING UNIT)	EXIERIUR	MEANS	۸ ۱						
	15 - NON-N 99 - OTHER						MOTORIST R/UNKNOWN		MEANS	BY NON-ME	CHANIC	AL.			
SS		ST, FIRST, MIDD							E OF BIRTH		AGE 4 , 2 ,	GENDER M			
WITNESS		, RYAN SA : STREET, CITY,						CONTACT PHONE			4 2				
≷			RD MOUNT VERN	ON, OH 430	50										
SS	NAME: LAS	ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
3	NAME: LAST, FIRST, MIDDLE								E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
MI	AUURESS:	: STREET, CITY,	STATE, ZIP					CUNTACT PHONE	- INCLUDE AREA COI) <u>L</u>	<u></u>				