OHIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT										LOCAL REPORT NUMBER*									
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION									2	0 2	24-	1163							
SECONDARY CRAS	OH-1P OH-1P PRIVATE P	REPORTING AGE	PORTING AGENCY NAME* eath PD 04507						HIT/SKIP										
COUNTY* LOCALITY		CRASH DATE / TIME *							CRASH SEVERITY										
4 5 1 2	- CITY - VILLAGE - TOWNSHIP						024	0 5	1-FA	TAL RIOUS INJURY									
			ROAD TYP	E	LAT	TUDE DEC	IMAL DEGRE	ES		JSPECTED									
S R 79	3	- SOUTH - EAST - WEST						II	4						INOR INJURY JSPECTED				
ROUTE TYPE ROUTE	NUMBER PREFIX 1		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)					ROAD TYP	E	LONGITUDE DECIMAL DEGREES 4 - INJURY					JURY POSSIBLE				
ROUTE TYPE ROUTE N	3		Parkview						_8	-82,427966 5- PROPERTY DAMAG									
REFERENCE POINT	REFERENCE POINT DIRECTION ROUTE TYPE										1	INTERSEC	CTION REL	.ATED					
1 - INTERSECTIO 2 - MILE POST	ERSECTION 1 - NORTH IR - INTERSTATE ROUTE(TP) AL - ALLEY							D - ROAD Q - SQUARE	K	WITH	HIN INTER	RSECTION	OR ON AP	PROACH	4				
3- HOUSE #	3 - EAS' 4 - WES	T	TATE ROUTE	BL		MP - MILEPO		T - STREET		WITHIN INTERCHANGE AREA NUMBER OF APPROACHES									
DISTANCE FROM REFERENCE	DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL TE - TERRAC										ROADWAY								
3 0 0	1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY										ROADWAY DIVIDED								
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT											of TRAVEI	<u>L</u>	ME	EDIAN T	YPE				
1 - ON ROADV 0 1 2 - ON SHOUL		ROSSOVER DRIVEWAY/A	LLEY ACCESS	→ BET	COLLISION 4	- REAR-TO- - BACKING	REAR				NORTH		1 - DIVIDED FLUSH MEDIAN (<4 FEET)						
└──── 3 - IN MEDIA	TOLLS IN	- ANGLE	OF CAME	DIDECTION	L		SOUTH EAST			ED FLU	SH MEDIAN								
4 - ON ROADS 5 - ON GORE	- SIDESWIF - SIDESWIF			N	4 - \	WEST		3 - DIVID	ED, DEP	RESSED MEDIAN									
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN 7 - ON RAMP 14-TOLL BOOTH												TYPE)	SED MEDIAN						
8 - OFF RAMP 99-OTHER/UNKNOWN												9 - OTHE							
WORK ZONE REL	ATED		WORK ZONE TYP	PE		N OF CRASI				CONTOUR			NDITIONS		SURFACE				
WORKERS PRESE	ENT		ANE CLOSURE ANE SHIFT/CROS	SSOVER		BEFORE TH WARNING	SIGN			1	_	Ĺ	1		_2				
LAW ENFORCEM	ENT PRESENT L		ORK ON SHOULD R MEDIAN	DER	100 1000	ADVANCE V TRANSITIO				1 - STRAIGHT LEVEL 1 - D 2 - STRAIGHT GRADE 2 - W					- CONCRETE - BLACKTOP,				
ACTIVE SCHOOL	ZONE		ITERMITTENT OF THER	R MOVING WORK	D	ACTIVITY A		= Λ		3 - CURVE LEVEL 3 - SNOW				BITUMINOUS, ASPHALT					
		7-0	IIIEK			TERRORA	A CURVE CRADE A ICE						- BRICK/BLOCK						
LIGHT 1 - DAYLIGHT	CONDITION		1 - CLE	WEATH EAR	ER 6-SNOW				9 - 0	THER/UN	IKNOWN		MUD, DIRT RAVEL	- SLAG, GRAVEL, STONE					
2 - DAWN/DUS	7 - SEVERE 8 - BLOWING			CNOW				6 - WATEI MOVII	ER (STANDING, ING)		- DIRT								
4 - DARK – RO	ADWAY NOT LIGHT		4 - RA	IN	9 - FREEZIN	G RAIN OR			Ε			7 - SLUSH		9	- OTHER/UNKNOWN				
5 - DARK – UN 9 - OTHER / UN	IKNOWN ROADWAY NKNOWN	LIGHTING	5 - SLI	EET, HAIL	99 - OTHER	UNKNOWN						9 - OTHER	R/UNKNOW	N					
NARRATIVE							П				7 1			$\overline{\wedge}$	Indicate the north				
Unit 2 was le	egally stop	ped in	traffic on	southbo	und								-	\Rightarrow	direction with an "N" on the				
SR-79 near t	the interse	ction w	ith Parkv	view Driv	е				Scen	nePD ™ - Eva	luation Edition			<u> </u>	compass diagram.				
Unit 1 was directly behind Unit 2 in the same lane																			
and direction of travel. Unit 1 rear-ended Unit 2 in a													=						
low-speed co	oilision.					Evaluation Edition Evaluation Edition Evaluation Edition													
						Evaluation	Edition	Not To Scale Evaluation Edition Evaluation Edition											
		Vehicles were moved. Evaluation Edition Evaluation Edition																	
		Parkview Dr Evaluation Edition																	
	Evaluation	∰alu ⊟dition	Evalua uation Edition	tion Edition		" /	40.	Evaluatio	on Edition										
							<i>₽</i>		tion Edition	Evaluation Edi	Evaluation t	Hopeway Scinish	p Edition						
		Evaluation Edition Evaluation Edition Evaluation Edition																	
								# "3/ Evalua	tion Edition	Evaluation Edi	Evaluation E	Edition	n Zalion		2-				
						Evaluation	Evalu Edition	uation Edition		/ & Francite (877)	908-4777								
CRASH REPORTED	RIVAL DATE						DATE / TIN			ORT TAKEN BY									
0,2062024, 1,540,02062024, 1,544,02062							MOTORIST												
TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES MOONE							CHECKED BY OFFICER'S NAME* Smart SUPPLE					JPPLEMENT							
OFFICER'S BADGE NUMBER*							+	CHECKED BY OFFICER'S BADGE NUMBER* (CORRECTION 10 AM EXISTING					ORRECTION OR ADDITION IN EXISTING REPORT SENT TO ODPS)						
0 , , ,	3 2	3 2	0	7 -	, 1 , !	5 , 5		0 7			1	3	8						

J FIRST HARMFUL EVENT

1

OHIO DEF OF PUBLI SAFETY - SERVI	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST / NON-MOTORIST									2 0 2 4 - 0 0 0 0 1 1 6 3							
UNIT#										DATE OF BIRTH AGE GENDER							
01	JACKS, CARTER OLEN S: STREET, CITY, STATE, ZIP									0 2 / 0 5 / 2 0 0 4 2 0 M CONTACT PHONE - INCLUDE AREA CODE							
₽		SONTOWN, OH 4308	en.						CONTA	CIPHUN	NE - INCLUDE AREA	CODE					
<u> </u>	INJURED	EMS AGENCY (NAME)	SAFETY EQUIPMENT	NT DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED													
NON 5 ,	TAKEN BY						USED 0 4	□ MC		1	1 1 1						
OL STATE	OPERATOR L	ICENSE NUMBER	OFFEN	OFFENSE CHARGED LOCAL OF				SCRIPTION				CITATION NUMBER					
Д О Н							333.03				155	155020624001					
≥ OL CLASS	S ENDORSEMENT RESTRICTION SELECT UP TO 2		DISTRACTED		ALCOHOL / DRUG SUSPI			CONDITION		ALCOHO TYPE	OHOL TEST /PE VALUE		STATUS TYPE		SELECT UP TO 4		
4			BY	1	=	THER DRUG	RIJUANA	1	1	1	-	1	1		11 11 1		
UNIT #	NAME: LAST, F	FIRST, MIDDLE						D	ATE OF BIRTH			AGE	GENDER				
0 2	WALTERS	S, DEE ANNE							2 / 1	. 9 7 1 5 2 F							
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHON	DNE - INCLUDE AREA CODE						
1221 G	RANVILLE	RD NEWARK, OH 43	8055														
Z	TAKEN	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACIO			: MEDICAL FACILITY	(NAME, CITY)	USED	DOT-COMPLIANT				IN AIR BAG USAGE EJECTION TRAI				
5 OL STATE	BY	ICENSE NUMBER		OFFEN	CE CUAI	DCED	LOCAL	0 4			0 1	_	CITATION NUMBER				
O H	UFERATUR L	TOLNSE NUIVIDER		OFFENSE CHARGED			CODE	OFFENSE DESC	WII IION			STRITON NUMBER					
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		IVER	ALC	HOL / DRUG SUSPE	L LL ECTED	CONDITION			COHOL TEST			TEST(S			
	SELECT UP TO 2					ALCOHOL MARIJUANA		1	STATUS		VALUE	STATUS	1 1	RESULT	SELECT UP TO 4		
					1 OTHER DRUG				1	1	ATE OF BIRTH	1	<u> </u>	اللا	<u> </u>		
UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE									D			AGE	GENDER			
ADDRESS:	STREET, CITY, ST				CONTACT PHONE - INCLUDE AREA												
ADDICESS.	. 31KEE1, 011 1, 311	A1 L, Z11							CONTA		INCLUDE AREA	CODE					
INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)				SEATING POSITI	ON AIR BA	G USAGE	EJECTION	TRAPPED		
	TAKEN BY					USED	DOT-COMPLIANT MC HELMET										
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION			CITA	CITATION NUMBER					
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		DISTRACTED		OHOL / DRUG SUSPECTED LCOHOL MARIJUANA		CONDITION		TYPE	VALUE	STATUS		RESULT	SELECT UP TO 4		
			".		=	THER DRUG					•						
	RIES	SEATING POSITION		AIR BAG		OL CLAS	S	OL RESTRIC			IVER DISTRA	CTION		EST STA	TUS		
1 - FATAL 2 - SUSPECTED	ATAL 1 - FRONT – LEFT SIDE USPECTED SERIOUS INJURY (MOTORCYCLE DRIVER)		1 - NOT DEF 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN			1 - NONE GIVEN 2 - TEST REFUSED			
3 - SUSPECTED	SUSPECTED MINOR INJURY 2 - FRONT - MIDDLE		3 - DEPLOY	'ED SIDE		3 - CLASS C		3 - CORRECTIVE LE		E	ELECTRONIC COMMUNICATIO DEVICE (TEXTING, TYPING,						
	- POSSIBLE INJURY 4 - SECOND - LEFT SIDE		4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS 5 - NOT APPLICABLE (OHIO = D)					4 - FARM WAIVER 5 - EXCEPT CLASS	Δ RUS	DIALING) US 3-TALKING ON HANDS-FRE			4-TEST GIVEN RESULTS KNOWN				
	(MOTORCYCLE PASSENGER) INJURED TAKEN BY 5-SECOND – MIDDLE		9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY					6 - EXCEPT CLASS		(COMMUNICATION DEVICE			5 - TEST GIVEN, RESULTS UNKNOWN			
1 - NOTTRANSP	ORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER		ALKING ON HAND-H COMMUNICATION DE				TTYPE		
/TREATED AT 2 - EMS	REATED AT SCENE 7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION OL ENDORSEMENT					8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH A ELECTRONIC DEVICE			1-NONE				
3 - POLICE	POLICE 8-THIRD - MIDDLE		2 - PARTIALLY EJECTED M - MOTORCYCLE					9 - LEARNER'S PER		6 - PASSENGER			2 - BLOOD 3 - URINE				
9 - OTHER / UNK	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION		3 - TOTALLY EJECTED P - PASSENGER 4 - NOT APPLICABLE N - TANKER					RESTRICTIONS 10 - LIMITED TO DAY		7 - OTHER DISTRACTION INSIDE THE VEHICLE			3 - URINE 4 - BREATH				
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EM			THER DISTRACTION THE VEHICLE	OUTSIDE	5 - OTHE	ER			
1 - NONE USED 2 - SHOULDER B	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	RAPPED APPED		R - THREE-WHEEL MC S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D			THER / UNKNOWN			UG TEST	TYPE		
	- LAP BELT ONLY USED PICK-UP WITH CAP)		2 - EXTRICATED BY T -			T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR C	THER CES) 1 - A		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT		1 - NONE 2 - BLOOD 3 - URINE				
	- CHILD RESTRAINT SYSTEM -					X - TANKER / HAZMAT		ADAPTIVE DEVI									
FORWARD FA	RWARD FACING 13 - TRAILING UNIT ILD RESTRAINT SYSTEM = 14 - RIDING ON VEHICLE EXTERIOR		NUN-ME	CHANICAL M	LANS			15 - MOTOR VEHICLE		S WITHOUT 3 - EMOTIONAL (E.G., DEPR			SSED,				
REAR FACIN	CING (NON-TRAILING UNIT)							AIR BRAKES 16 - OUTSIDE MIRRO	ıR	ANGRY, DISTURBED) R 4- ILLNESS			DRUG TEST RESULT(S) 1-AMPHETAMINES				
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AI)	5- F	ELL ASLEEP, FAINTE ATIGUED, ETC.	ED,	2 - BARE	BITURATES			
9 - PROTECTIVE (ELBOW, KNE	PADS USED							18 - OTHER		6- U	NDER THE INFLUEN			ZODIAZEPIN NABINOIDS	ES		
10 - REFLECTIVE											F MEDICATIONS / DF ALCOHOL	(UGS	5 - COCA	AINE			
11 - LIGHTING - I / BICYCLE 01	ING – PEDESTRIAN									9- OTHER / UNKNOWN			6 - OPIA 7 - OTHE	TES / OPIOID	S		
	OTHER / UNKNOWN										8 - NEGATIVE RESULTS						