OHIO DEPARTMENT TRAFFIC CRASH	L	OCAL REPORT NUMB									
□ 0H-2 □ 0H-3		2024-	0000	1211							
PHOTOS TAKEN OH-1P OTHER  SECONDARY CRASH PRIVATE PROPERT	Heath DD		1CIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS  0 2	UNIT IN ERROR  0 1 98 - ANIMAL					
COUNTY* LOCALITY* LOCATION:	TITY, VILLAGE, TOWNSHIP*			CRASH DATE / 1		P99 - UNKNOWN					
4 5 1 2 - VILLAGE HEAT	2158 3	1 - FATAL									
T MODEL	ROAD TYPE	2 - SERIOUS INJURY									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 2 - SOUTH 2 - SOUTH 2 - SOUTH 3 - EAST 4 - WEST	30TH		S T	40028	0 8 1	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 - SEAST 4 - WEST				-82 0 4 4	3 5 0	5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELA						
2 MILE DOST 2 COUTU	916		- ROAD	<b>X</b> WITHIN INTE	RSECTION OR ON APPE	ROACH					
3-HOUSE # 3-EAST	O TEDERAL OU ROUTE		- SQUARE - STREET	☐ WITHIN INTE	RCHANGE AREA N	<b>4</b> Umber of Approaches					
DISTANCE DISTANCE C	- TERRACE		ROADWAY								
l	R - NUMBERED TOWNSHIP DR		- TRAIL - WAY	D BOADWAY DIV							
3 0 2 3-YARDS	3 N   2 2-FEET   ROUTE         ROADWAY DIVIDED										
LOCATION OF FIRST HARMFUL EVI		NER OF CRASH COLLISION/IMPACT COLLISION 4 - REAR-TO-REAR	Г	DIRECTION OF TRAVE	T. Carriera	IAN TYPE					
201 1990 Howard Howard 10 100 April	AVIALLEY ACCESS A BETY	WEEN 5-BACKING MOTOR		1 - NORTH L 2 - SOUTH	1 - DIVIDE ( < 4 FE	D FLUSH MEDIAN ET )					
\$17 (Mark Antiquary of Sale) (C.19) 44950 (Sale)	GRADE CROSSING VEH	ICLES IN 6-ANGLE NSPORT 7-SIDESWIPE, SAME I	DIRECTION	3 - EAST	2 - DIVIDE (≥4 FE	D FLUSH MEDIAN ET )					
5 - ON GORE TRAILS	2 - REAF	R-END 8 - SIDESWIPE, OPPOSI	TE DIRECTION	4 - WEST 3 - DIVIDED, DEPRESSED MEDIA							
6 - OUTSIDE TRAFFIC WAY 13 - BIRE LAI 7 - ON RAMP 14 - TOLL BO	D-IILAL	O-ON 9-OTHER/UNKNOWN	N.	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)							
8-OFF RAMP 99-OTHER/	UNKNOWN	1		,	9-01HER/	UNKNOWN					
WORK ZONE RELATED	WORK ZONE TYPE 1 - LANE CLOSURE	LOCATION OF CRASH IN WOR 1 - BEFORE THE 1ST W		CONTOUR	CONDITIONS	SURFACE					
T WORKERS PRESENT	2 - LANE SHIFT/CROSSOVER	WARNING SIGN		_ <b>1</b>	1	2					
LAW ENFORCEMENT PRESENT	3 - WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING 3 - TRANSITION AREA	AREA	1 - STRAIGHT LEVEL     1 - DRY     1 - CONCRETE       2 - STRAIGHT GRADE     2 - WET     2 - BLACKTOP,							
1 <del></del> 1	4 - INTERMITTENT OR MOVING WORK 5 - OTHER	4 - ACTIVITY AREA 5 - TERMINATION AREA	,	3 - CURVE LEVEL 3 - SNOW ASPHALT							
			1:	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK					
LIGHT CONDITION  1 - DAYLIGHT	1 - CLEAR	ER 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
3 2 - DAWN/DUSK	O1 2-CLOUDY	7 - SEVERE CROSSWINDS			6 - WATER (STANDING MOVING)	N CONTROL OF					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	8 - BLOWING SAND, SOIL, DIRT, S 9 - FREEZING RAIN OR FREEZIN			7 - SLUSH	9 - OTHER/UNKNOWN					
5 - DARK – UNKNOWN ROADWAY LIGHTIN 9 - OTHER / UNKNOWN	IG 5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN						
NARRATIVE			1   1			A Tradicado Mas mando					
Unit 2 was stopped North o	f the red light on So	uth			4	Indicate the north direction with an "N" on the					
30th Street at State Route	•					compass diagram.					
end of Unit 2. The driver of		1		ScenePD ™ - Evaluation Edition  Evaluation Edition							
cited for operating a motor	vehicle impaired.	Evaluati Evaluation Edition	Evaluation on Edition	Edition	Evaluation E	Edition					
			Evaluation	Evaluation Edition	Evaluation Edition						
		Evaluati  Evaluation Edition	on Edition	Edition Edition Edition UNIT 1	Not To Scale Evaluation E	dition					
			E <u>valua</u> tion	Evaluation Edition	Edition S.R 79						
		Evaluation Edition	on Edition		Evaluation E	dition					
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		Evaluation Edition		)	Evaluation Edition	Edition					
		Evaluati	Evaluation on Edition	Edition Edition							
		r-ventration conton		Evaluation	Evaluation E Evaluation Edition Edition	Edition					
		Evaluation Edition	Evaluation on Edition	Evaluation Edition							
CDASH DEDODTED DATE /TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		Trancite (877) 908-4777 SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY					
CRASH REPORTED DATE / TIME	1490-0 (490-0 400-0 100 4-0 400-0 401 F-150-0 100 - 4-4-4 (40-0 40 - 4	ARRIVAL DATE / TIME	1 0 0	2072024	Sanitodi edit. Yanti Miserii:	POLICE AGENCY					
				CER'S NAME*	<u> </u>	MOTORIST					
managaran da	TAL OFFICER'S NAME* UTES Nethers		terson	JER S NAME"	lī.	SUPPLEMENT (CORRECTION OF ADDITION					
	OFFICER'S BAI			Y OFFICER'S BADGE N		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
<u>                                     </u>	07-	1 5 8 0	) 7	- 1	4 5						

J FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

5

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0	2	4 - 0		ORT NUM	-	2 1	1				
UNIT # NAME: LAST, FIRST, MIDDLE							D	ATE OF BIF	TH		T	AGE	GENDER				
	0 1 DUGAN, KRISTI LB							$\vdash$	0 1 / 0 7 / 1 9 5 8 6 6 F  CONTACT PHONE - INCLUDE AREA CODE					F			
<b>2</b>		are,zip 12 HEATH, OH 43050	6						CONTA	ACT PHO	NE - INCLUDE	AREA CO	DDE	•			
<u> </u>		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	SEATING POSITION AIR BAG USAGE EJECTION TRAPPEI							TRAPPED	
20 5	TAKEN BY							USED 9 9		T-COMPLIA HELME		1	1	1	1	1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	CRIPTION			CITATION NUMBER					
EO H								DUI				4507215827241					
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSP LCOHOL   MA		CONDITION	STATUS		VALUE		STATUS	DRUG TYPE	RESULT	SELECT UP TO 4	
4				9	_	THER DRUG	MISOANA	6	2	<b>  1</b>		ı	1	1			
UNIT#	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIR	TH			AGE	GENDER	
0 2	DETAMOR	RE, ALYSSIA NICOLE	į						0 7 / 0 1 / 2 0 0				0 1	_ _2	2 2	F	
2	STREET, CITY, ST	·							CONTACT PHONE - INCLUDE AREA CODE						_		
<u> </u>		ATH, OH 43056															
INJURIES  5	INJURED E TAKEN BY	EMS AGENCY (NAME)		1 1 1			SAFETY EQUIPMENT USED 0 4		T-Complia HELME			AIR BAG	USAGE	EJECTION 1	TRAPPED 1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED L			OFFENSE DESC	CRIPTION			CITATION NUMBER					
<b>В</b> О Н							CODE										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSP		CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4					
. 4	ļ, .		ВУ	1		LCOHOL MA THER DRUG	RIJUANA	1	. 1				1	1		0 0 1	
UNIT #	NAME: LAST, F	FIRST, MIDDLE			<u> </u>	THER BROO					ATE OF BIF	TH		T	AGE	GENDER	
										1 1	1 1	1	1 1		1 1	ļ. ,	
	STREET, CITY, ST	ATE, ZIP							CONT	ACT PHO	NE - INCLUDE	AREA CO	DDE				
											1	1	1 1				
INJURIES	INJURED E TAKEN BY	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-COMPLIA		OSITION	AIR BAG	USAGE	EJECTION	TRAPPED	
OL STATE			OFFENSE CHARGED LOCAL			OFFENSE DESC			CITAT	CITATION NUMBER							
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OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALC	DHOL / DRUG SUSP	ECTED	CONDITION	STATUS		<b>L TEST</b> VALUE		STATUS	DRUG Type	TEST(S		
			BY			_	RIJUANA										
INJU	RIES	SEATING POSITION	L	AIR BAG	□□⁰	THER DRUG OL CLAS	s	OL RESTRIC	TION(S		RIVER DIS	L	ION	T	EST STA	JUS Tus	
1 - FATAL		1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP	LOYED		1 - CLASS A		1 - ALCOHOL INTER	LOCK DEVI	CE 1-	NOT DISTRACT	ED		1 - NONE	GIVEN		
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY	2 - FRONT – MIDDLE	2 - DEPLOYI 3 - DEPLOYI			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE			MANUALLY OP ELECTRONIC C	OMMUN!	ICATION		REFUSED GIVEN. CON	TAMINATED	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE		ED BOTH FRO	ONT / SIDE	4 - REGULAR CLASS		4 - FARM WAIVER			DEVICE (TEXT DIALING)	ING, TYP	ING,	SAME	PLE / UNUSA	BLE	
5 - NO APPAREN	IT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	PLICABLE MENT UNKN	OWN	(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS			TALKING ON HA		EE		GIVEN, RES		
	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE	7-DEFECTI	WIENT CHAKIN	OWN	6 - NO VALID OL		& CLASS B BUS		4 -	TALKING ON H	AND-HEL	.D	UNKN	NOWN		
1 - NOT TRANSP /TREATED A		7 - THIRD - LEFT SIDE	E.	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		` 5-	OTHER ACTIVITY	TY WITH	ΔN	ALCO 1 - NONE		T TYPE	
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJE	CTED LLY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	IMIT		ELECTRONIC D PASSENGER	EVICE		2 - BL00			
9 - OTHER / UNK	KNOWN	9-THIRD - RIGHT SIDE	3-TOTALLY			P - PASSENGER		RESTRICTIONS		7-	OTHER DISTRA			3 - URIN			
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	PLICABLE		N - TANKER		10 - LIMITED TO DAY			OTHER DISTRA			4 - BREA 5 - OTHE			
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	T.	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	OTORCYCLE	12 - LIMITED - OTHE			THE VEHICLE OTHER / UNKN	nwn		DR	UG TEST	TYPE	
2 - SHOULDER E 3 - LAP BELT ON	BELT ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRA 2 - EXTRICA			S - SCHOOL BUS	TD411 FD0	13 - MECHANICAL D (SPECIAL BRAK	ES, HAND					1 - NONE			
4 - SHOULDER &	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		NICAL MEANS	S	T - DOUBLE & TRIPLE X - TANKER / HAZMAT		CONTROLS, OR O ADAPTIVE DEVI		1 -	CONDI APPARENTLY N	Control of the Control		2 - BL00 3 - URIN			
5 - CHILD REST FORWARD FA	RAINT SYSTEM – ACING	13 - TRAILING UNIT		CHANICAL M	IEANS			14 - MILITARY VEHICLE			PHYSICAL IMP			4 - OTHE	ER		
6 - CHILD RESTRAINT SYSTEM - REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES			EMOTIONAL (E ANGRY, DISTURBE				UG TEST RESULT(S)		
7 - BOOSTER SE	EAT	15 - NON-MOTORIST						16 - OUTSIDE MIRRO 17 - PROSTHETIC AII			ILLNESS FELL ASLEEP, F	AINTED			HETAMINES BITURATES		
8 - HELMET US 9 - PROTECTIVE		99 - OTHER / UNKNOWN						18 - OTHER			FATIGUED, ETC				ZODIAZEPIN	ES	
(ELBOW, KNI	EES, ETC.)									1	UNDER THE INF OF MEDICATION		GS		NABINOIDS		
10 - REFLECTIVE 11 - LIGHTING -											'ALCOHOL OTHER / UNKNO	WN		5 - COCA 6 - OPIA	IINE TES / OPIOID	S	
/ BICYCLE OF	NLY													7 - OTHE		TC	
// JIIIEN/ ON														U- NEGA	MILLE KEROLI	SULT SELECT UPTO 4  JI JI JI J STATUS N SEED , CONTAMINATED NUSABLE , RESULTS KNOWN , RESULTS TEST TYPE  FRESULT(S) INES TES EPINES IDS	

Ũ	OCCUPANT / WITNESS ADDENDUM							2024		ORT NUMBER	2 1	1			
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
	02 SPARKS, MADISON RUTH								0 4 / 1 4 / 1 9 9 8 2 5 F						
OCCUPANT		: street, city, idenour f	STATE, ZIP  RD Thornville, OH	CONTACT PHONE - INCLUDE AREA CODE											
ĕ	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)	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							
	02	ROBINS	SON, MARIAH REN	0 6 / 2	7 / 2 0	_0_1_	2 2	_ <b>F</b>							
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP	CONTACT PHONE	- INCLUDE AREA CO	DE									
			Newark, OH 4305												
٦	INJURIES 5	INJURED TAKEN BY <b>1</b>	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facili	ITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION 1	TRAPPED 1			
ì	UNIT#	NAME: LAS	T, FIRST, MIDDLE				1	DAT	E OF BIRTH		AGE	GENDER			
PAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT		Terri	T				T		1 1						
٦	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
٤		ВУ						☐ MC HELMET							
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
Į.	ADDDECC	: STREET, CITY,	OTATE TIP												
OCCUPANT	ADDKE33	: SIREE1, GII1,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
	INHIDIES	INJUDED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITV (NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	ATR RAG IISAGE	FIECTION	TDAPPED			
	INJURIES INJURED TAKEN BY EMS AGENCY (NAME)				INSURED TAKEN TO, INEDICAL PAGILI	USED	DOT-COMPLIANT	SEATING POSITION	AIN BAU USAUL	LUCCITON	IKAFFED				
H		INJU	JRIES	SAFETY	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
I	1 - FATA			1 - NONE US		1 - FRON	T – LEFT SIDE		1 - NOT DE						
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 2 - SHOULD 4 - SHOULD			OCCUPANT		ORCYCLE DRIV			2 - DEPLOYED FRONT						
					ER BELT ONLY USED		IT – MIDDLE IT – RIGHT SIDE		3 - DEPLOYED SIDE 4 - DEPLOYED BOTH						
						4 - SECO	ND – LEFT SIDI	<u> </u>							
				ER & LAP BELT USED ESTRAINT SYSTEM –		ORCYCLE PASS ND – MIDDLE	ENGER)	FRONT/SIDE  5 - NOT APPLICABLE							
ŀ				D FACING		ND – RIGHT SI									
				6 - CHILD RE	ESTRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE								
	/TREATED AT SCENE REAR FA 2 - EMS 7 - BOOSTE					D – MIDDLE	UAIT)	1 - NOT EJ		JN					
	3 - POLICE 8 - HELMET				9 - THIR	LLY EJECTI									
				TIVE PADS USED	10 - SLEE	Y EJECTED	TED								
				KNEES, ETC.)	CARG	O AREA (NON-TE	NON-TRAILING UNIT, 4 - NOT APPLICABLE								
I					TIVE CLOTHING		PICK-UP WITH CAI ENGER IN UNE								
				/ BICYCL	G – PEDESTRIAN E ONLY	CARG	O AREA	1 - NOTTR	- NOTTRAPPED						
				99 - OTHER /	UNKNOWN	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR MEANS					CATED BY MECHANICAL				
						TRAILING UNIT)		3 - FREED BY NON-MEC		CHANIC.	٨١				
							MOTORIST R/UNKNOWN		MEANS		OTANIO	AL			
,,	NAME: LA	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE I	, ,	1 .			
j	NAME: LA	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS															
M	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
- ,	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
WITNESS															
ΗM	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	NTACT PHONE - INCLUDE AREA CODE						