OHIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER* 2 0 2 4 - 0 0 0 0 1 1 9 9					
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION								000	01199				
SECONDARY CRASH	ŧ	0.4	NCIC*	HIT/SKIP									
COUNTY* LOCALITY*	PRIVATE P		ILLAGE, TOWNSHIP*		<u> </u>		CRASH DATE / TIME * CRASH SEVERITY						
 4 5 1 2-V	CITY VILLAGE OWNSHIP	IEATH		02072024	1550 5	1 - FATAL 2 - SERIOUS INJURY							
	MBER PREFIX 1	- NORTH LO	CATION ROAD NAME		ROAD TYPE	LATITUDE DE	CIMAL DEGREES	SUSPECTED					
ROUTE TYPE ROUTE NUI	3		DORSEY MILL			R D	40,022	781	3 - MINOR INJURY SUSPECTED				
ROUTE TYPE ROUTE NUI	MBER PREFIX 1		FERENCE ROAD NAME (RO	USE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUI	3		EBRON			R D	-82,448	282	5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE			INTERSECTION R	ELATED				
1 - INTERSECTION 2 - MILE POST	1 - NOR 2 - SOU	TO	TERSTATE ROUTE(TP) DERAL US ROUTE			RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON A	APPROACH				
3- HOUSE #	3 - EAS 4 - WES	T	ATE ROUTE		ST - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES					
DISTANCE From Reference	DISTANCE UNIT OF MEASUR	E	IMBERED COUNTY ROUTE			E - TERRACE L - TRAIL		ROADWA	Υ				
	1-MILES TR-NUMBERED TOWNSHIP DR-DRIVE PI-PIKE WA-WAY ROADWAY DIVIDED												
LOCATION	3 - YARI			HE - HEIGHTS F	PL - PLACE	ст		.	MERIAN TVDE				
1 - ON ROADWAY	Y 9-0	DIRECTION OF TRAVE 1 - NORTH	1 - DIN	MEDIAN TYPE /IDED FLUSH MEDIAN									
0 1 2 - ON SHOULDE		DRIVEWAY/AL RAILWAY GRA	DE 000001N0 2	TWO MOTOR	BACKING ANGLE		2 - SOUTH	16 1	4 FEET) /IDED FLUSH MEDIAN				
4 - ON ROADSID		SHARED USE F TRAILS	PATHS OR	TRANSPORT 7-	SIDESWIPE, SAM		3 - EAST 4 - WEST	10, 200	4 FEET) /IDED, DEPRESSED MEDIAN				
5 - ON GORE 1 KAILS 2 - REAR-END 8 - SIDESWIPE, OPPOSITE DIRECTION 3 - DIVI 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN 4 - DIVI													
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER / UNKNOWN 9-OTHER/UNKNOWN													
WORK ZONE RELAT	FD.	v	VORK ZONE TYPE	LOCATION	OF CRASH IN WO	RK ZONE	CONTOUR	CONDITION	IS SURFACE				
WORKERS PRESEN			NE CLOSURE NE SHIFT/CROSSOVER		BEFORE THE 1ST V	WORK ZONE	1	1	2				
LAW ENFORCEMEN		, 3-W0	RK ON SHOULDER	2 - 4	ADVANCE WARNIN		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE						
EAW ENFORCEMEN	ITT KESENT E		MEDIAN FERMITTENT OR MOVING W		RANSITION AREA ACTIVITY AREA	1.		2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, 3 - CURVE LEVEL 3 - SNOW 8 - SPHALT					
ACTIVE SCHOOL ZO	NE	5 - OTI	HER	5 - 1	TERMINATION AR	EA	4 - CURVE GRADE	3 - SNUW 4 - ICE	ASPHALT 3 - BRICK/BLOCK				
LOCALIO S DA	ONDITION			ATHER			9 - OTHER/UNKNOWN	5 - SAND, MUD, DI OIL, GRAVEL	IRT, 4 - SLAG, GRAVEL,				
1 - DAYLIGHT 2 - DAWN/DUSK			1 - CLEAR 01 2 - CLOUDY	6 - SNOW 7 - SEVERE C	ROSSWINDS			6 - WATER (STAN)	STONE DING, 5-DIRT				
3 - DARK – LIGH 4 - DARK – ROAD				OKE 8-BLOWING	SAND, SOIL, DIRT			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK – UNKN	IOWN ROADWAY	A CONTRACTOR CONTRACTOR	5 - SLEET, HAIL	99 - OTHER/		MO DIMELLE		9 - OTHER/UNKNO	own				
9 - OTHER / UNK	NOWN								^				
NARRATIVE	two wer	e travel	ing west on Do	rsev Mill	-				Indicate the north direction with				
l .			a red light at S		-				an "N" on the compass diagram.				
		•	s directly behi	1	-		ScenePD ™ - Evaluation Edition Evaluation Edition						
			r foot slipped o		Evaluation Edition	Evaluation uation Edition	I p		luation Edition				
brake and hit	the gas s	lightly.	The front of u	nit one		E/aluatio	Evaluation Edition Hebron R	Evaluation Edition Edition					
struck the rea	r of unit	two.			Evaluation Edition	uation Edition		Evaluation Edition	luation Edition				
					Heath Rd	Evaluation uation Edition	Evaluation Evaluation Edition						
					Evalu ation Edition			Evaporation Edition	lustion Edition				
	Und Yearhood (Aft 中 Throng) Evaluation Edition Evaluation Edition Dorsey Mill Rd W												
	Evaluation Edition Evaluation Edition Evaluation Edition												
					Evaluation Edition	uation/Editio	n Edition Not To Scale		:				
	Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition												
					Evaluation Edition	Evaluation uation Edition	n Edition						
CRASH REPORTED D	ATE / TIME	DIS	SPATCH DATE / TIME	ARRI	VAL DATE / TIME		SCENE CLEARED	DATE / TIME	REPORT TAKEN BY				
02072024	1,550	0,2,0,7	2024 155	1 02072	024 1	5 5 4 0	2072024	1610	X POLICE AGENCY				
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*				CER'S NAME*		MOTORIST				
ROADWAY CLOSED INVE	. SIIUAIIUN IIME	MINUTES	Danks	DADOE MUMADES*		Commence	BY OFFICER'S BADGE	MIIMDED*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				
	1 1 1	1 1 1	0 7 -	BADGE NUMBER* 1 3		UHECKED	DI OFFICER 3 BAUGE	NOMBER	COLOR CHARGE OF ANY ORDER (AND LOSS OF ANY ORDER)				

J FIRST HARMFUL EVENT

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2 5

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0	2 4	4 - (ORT NUI		1 9	9		
UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE						GENDER			
01	ADDRESS: STREET, CITY, STATE, ZIP							0 4		6 /			2	6 1	F	
		,	I 43056						CONTA	ACT PHO	NE - INCLUI	E AREA CO	DDE			
5823 JACKSONTOWN RD NEWARK, OH 43056 INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT SEA										SEATING	POSITION	N AIR BAG	IISAGE	EJECTION	TRAPPED	
20 5 T	TAKEN				USED 0 .4			USED _		T-COMPLIA HELME	NT	1	1	OSAGE	1	1
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	CRIPTION			CITAT	CITATION NUMBER			
O H					CODE CODE											
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER Tracted		DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS	ALCOHO TYPE	L TEST VALU	E :	STATUS	DRU(RESULT	SELECT UP TO 4
4			BY	1	=	THER DRUG	NIJUANA	1	1	1			1	1		11 11 1
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF B	RTH			AGE	GENDER
0 2	NORTH, C	COURTNEY KAYLYNN							0 7	__ / __ 0	3 /	1 9	8 2	7 _ :	3 6	F
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUE	E AREA CO	ODE	_		
		HEATH, OH 43056											_			
INJURIES 5	INJURED E TAKEN BY	EMS AGENCY (NAME)	1S AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			DOT-COMPLIANT SEATING POSITION OF THE PROPERTY			ON AIR BAG USAGE		EJECTION 1	TRAPPED .	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION					ION N	NUMBER	
OH		J				CODE										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED	_	DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS	ALCOHO TYPE	L TEST VALU	E :	STATUS	DRU(RESULT	SELECT UP TO 4
4			BY	1	=	THER DRUG	NIJUANA	1	1	1			1	1		
UNIT#	NAME: LAST, F	FIRST, MIDDLE	<u>'</u>	'						D	ATE OF B	RTH	<u>'</u>		AGE	GENDER
														_ _		
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUE	E AREA CO	DDE			
INJURIES	INIIIDEN	EMS AGENCY (NAME)		In Hiben	TAVENTO	: MEDICAL FACILITY	(NAME CITY)	SAFETY FOIITDMENT			SEATING	POSITION	N AIR BAG	HEACE	EJECTION	TRAPPED
INJURIES	TAKEN BY	EWIS AGENCT (NAME)		INJURED	IAKENTO	: WEDICAL FACILITY	(NAME, CITY)	USED		T-COMPLIA HELME	NT		AIR BAG	USAGE	EJECTION	IKAPPED
OL STATE	OL STATE OPERATOR LICENSE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION			CITAT	CITATION NUMBER					
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION	STATUS	TYPE	VALU	E	STATUS	TYPE	RESULT	SELECT UP TO 4
					=	THER DRUG					•					
	RIES	SEATING POSITION		IR BAG		OL CLAS	S	OL RESTRIC			IVER DI		TION		EST 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			NOT DISTRAC MANUALLY C		S AN		E GIVEN F REFUSED	
3 - SUSPECTED		2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLOYI			3 - CLASS C		3 - CORRECTIVE LE	NSES		ELECTRONIC				F GIVEN, CON	
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	4 - DEPLOYI 5 - NOT APP	ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS A	A RIIS		DIALING) TALKING ON	UANDO ED				ULTS KNOWN
		(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		MENT UNKNO	OWN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS A			COMMUNICA	TION DEVI	CE		T GIVEN, RES	ULTS
1-NOTTRANSP	ORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER		TALKING ON COMMUNICA					ST TYPE
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	CTED.		OL ENDORSE	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		OTHER ACTIV		AN	1 - NON		/
3 - POLICE		8-THIRD - MIDDLE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	MIT		PASSENGER			2 - BL00		
9 - OTHER / UNK	KNOWN	9 - THIRD = RIGHT SIDE 10 - SLEEPER SECTION	3 - TOTALLY			P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONL		OTHER DISTI INSIDE THE V			3 - URIN 4 - BRE		
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	4 - NOT APP			N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMP	PLOYMENT	8 -	OTHER DIST		UTSIDE	5 - OTHI	ER	
1 - NONE USED 2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	PPED PPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE			OTHER / UNK				UG TEST	TYPE
3 - LAP BELT ON	NLY USED	PICK-UP WITH CAP)	2 - EXTRICA	ATED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAKI CONTROLS, OR O	ES, HAND		COND	ITION		1 - NON 2 - BLOO		
		12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY			Y X - TANKER / HAZMAT			CES)		1 - APPARENTLY NORMAL			3 - URINE		
FORWARD FACING 6 - CHILD RESTRAINT SYSTEM —		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-ME	MECHANICAL MEANS			14 - MILITARY VEHIC	S WITHOUT 3-1		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		SSED,	4 - OTHER			
REAR FACING		(NON-TRAILING UNIT)				AIR BRAKES 16 - OUTSIDE MIRI				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 AID)	5 - F	5 - FELL ASLEEP, FAINTED, 2 - BARBITURATES					
9 - PROTECTIVE (ELBOW, KNI	PADS USED							18 - OTHER		6- l	ATIGUED, ET	NFLUENCE			ZODIAZEPIN NABINOIDS	ES
10 - REFLECTIVE											OF MEDICATI ALCOHOL	uns / DRU	68	5 - COCA	AINE	
11 - LIGHTING - / BICYCLE OF										9- (THER / UNK	NOWN		6 - 0PIA 7 - 0THI	ATES / OPIOID)S
99 - OTHER / UNK															ATIVE RESU	LTS

Ũ	OHIO DEI OF PUBLI SAFETY - SERVI	OHIO DEPARTMENT OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM							- 0 0	ORT NUMBE	L 1 9	9				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER												
	02	DYE, A	MELIA A	0 9 / 2 0 / 2 0 1 0 1 3 F												
OCCUPANT	ADDRESS:	STREET, CITY,	STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE										
100			R HEATH, OH 430	56 	SAFETY EQUIPMENT		1 1									
I	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAC	E EJECTION	TRAPPED								
5	UNIT #		T, FIRST, MIDDLE				0 4		E OF BIRTH		AGE	GENDER				
ı	02		, ISABELLA L			1 2 / 1		1.9	4 .	F						
ANT		STREET, CITY,			CONTACT PHONE - INCLUDE AREA CODE											
OCCUPAN	1176 N	ADINE D	R HEATH, OH 430	56												
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	DOT-COMPLIANT	AIR BAG USAG	GE EJECTION	TRAPPED						
Į	_5	ВУ				0 5	MC HELMET 0 6 1 1									
ı	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER								
L Z	ADDRESS	STREET, CITY,	STATE 71P					CONTACT PHONE	- INCLUDE AREA CO	DF.						
OCCUPANT		,						CONTACT PHONE - INCLUDE AREA CODE								
8	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	GE EJECTION	TRAPPED					
ı		BY						MC HELMET								
ľ	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER				
Ļ																
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE											
ĝ	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI		SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED						
ı	1	TAKEN BY				,	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	1 1 1							
Ī		INJU	JRIES	SAFET	EQUIPMENT USED		SEATING POS	ITION		AIR BAG	USAGE					
	1 - FATA			1 - NONE US	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	VFR)								
	2 - SUSPECTED SERIOUS INJURY			ER BELT ONLY USED	IT – MIDDLE	LIO	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE									
					ΓONLY USED		IT – RIGHT SIDI IND – LEFT SIDI			4 - DEPLOYED BOTH						
	5 - NO APPARENT INJURY 4 - SHOULD 5 - CHILD R				ER & LAP BELT USED	(MOT	ORCYCLE PASS		FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN							
					ESTRAINT SYSTEM – D FACING		ND – MIDDLE ND – RIGHT SII	ÞΕ								
		TRANSPOR		6 - CHILD RE	ESTRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE	CAR)	7- BEI EO							
	/TREATED AT SCENE REAR FA 2 - EMS 7 - BOOSTE						D – MIDDLE	VAIII)	1 - NOT EJ	EJECT ECTED	IUN					
	3 - POLICE 8 - HELMET				USED		D – RIGHT SIDE PER SECTION (2 - PARTIALLY EJECTED							
	7 01112111 0111111101111				IVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALL							
					IVE CLOTHING		O AREA (NON-TI PICK-UP WITH CAI		4 - NOT APPLICABLE							
					G – PEDESTRIAN		ENGER IN UNE O AREA	NCLOSED	TRAPPED 1 - NOTTRAPPED							
/ BICYCL 99 - OTHER /						13 - TRAILING UNIT			2 - EXTRICATED BY MECHANICAL							
				,,,		14 - RIDING ON VEHICLE (NON-TRAILING UNIT)		EXTERIOR	MEANS							
							MOTORIST ER/UNKNOWN		3 - FREED MEANS		IECHANIC	AL				
۲	NAME: LAS	ST, FIRST, MIDD	LE			77 - OTTIL	IN 7 ON KING WIN	DAT	E OF BIRTH		AGE	GENDER				
ESS																
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE						
	NAMELLA	ST, FIRST, MIDD	I E					DATE OF BIRTH AGE GENDER								
ESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
N I N																
SS	NAME: LAS	ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER				
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								NTACT PHONE - INCLUDE AREA CODE							
≥									1 1							