OHIO DEPARTMENT OF PUBLIC SAFETY DAMENT SERVICE - PROTECTION	RAFFIC CI	RASH R	EPORT	*DENOTES M	ANDATORY FIE	LD FOR SUPPLE	MENT REPORT			L	OCAL RE	PORT N	UMBER*	¢ .		
OHIO DERARMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT OH-2 NOH-2 OH-3 OH-3								2	0 2	24 -	0 (0 0	0 1	239		
PHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME*							NCIC* 4507		HIT/SK 1 - SC	(IP DLVED	NUMBER O		s O	UNIT IN ERROR 98 - ANIMAL		
L MARIE I NO ENT								4		NSOLVED				SH SEVERITY		
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP* 4 5 1 2 - VILLAGE HEATH CRASH DATE / TIME* 0,2082024, 1620 5											1-	FATAL				
I J - IOWNSHIP											— 2-	SERIOUS INJURY SUSPECTED				
ROUTE TYPE ROUTE NU		D R	4	0 0	38	00(5		MINOR INJURY							
							ROAD TYPE	4		ITUDE DE				SUSPECTED INJURY POSSIBLE		
ROUTE TYPE ROUTE NU	3	- SOUTH - EAST	00 HEBR	ON RD	,			-8	2 4	2 8	068	3		PROPERTY DAMAGE		
REFERENCE POINT	DIRECTION	-WEST	ROUTE TYP			ROADTYPE	Ī		_]•[_		INTERSE			ONLY		
1-INTERSECTION	FROM REFERENCE 1 - NOR		NTERSTATE ROL	JTE(TP) AI	- ALLEY	HW-HIGHWAY	RD - ROAD SQ - SQUARE		WITH	IIN INTE						
3 - HOUSE #									- 1 w/tth	IIN INTE	DCHANCE	APFA	MIIMI	BER OF APPROACHES		
DISTANCE	4 - WES		TATE ROUTE UMBERED COUN	NTY ROLLTE CF	R - CIRCLE	OV - OVAL	ST - STREET TE - TERRACE] wrm	IIIV IIVI E		ROADWAY				
FROM REFERENCE	UNIT OF MEASUR 1 - MILI	ES TR-N	UMBERED TOW	NCLUTD C1	- COURT R - DRIVE	PK - PARKWAY PI - PIKE	TL - TRAIL WA - WAY		1			ADWA				
	2 - FEE		OUTE		E - HEIGHTS	PL - PLACE		L	ROAD	DWAY DIV	IDED					
	N OF FIRST HARM					COLLISION/IM		DIRE	CTION	F TRAVE	L		MEDIAN	Danage And		
1 - ON ROADWA 2 - ON SHOULD		ROSSOVER DRIVEWAY/A	LLEY ACCESS	€ BE	TWEEN .	- REAR-TO-REA - BACKING	₹			NORTH SOUTH	1.		/IDED FI 4 FEET	DED FLUSH MEDIAN FEET)		
3 - IN MEDIAN 4 - ON ROADSIE		RAILWAY GRA	ADE CROSSING	VEI	HOLLS IN	- ANGLE - SIDESWIPE, S	SME DIDECTION	2-300TH 2-1					DIVIDED FLUSH MEDIAN (≥4 FEET)			
5 - ON GORE	1	TRAILS	FAIRS UK	20200		- SIDESWIPE, 0			4 - V	WEST		3 - DI\	3 - DIVIDED, DEPRESSED MEDIAN			
6 - OUTSIDE TR 7 - ON RAMP	MILIO WAL	BIKE LANE TOLL BOOTH		3 - HE	AD-0N 9	- OTHER/UNKN	OWN					(Al	NY TYPE			
8 - OFF RAMP	99-(OTHER/UNK	NOWN									9 - OTI	HER/UNI	KNOWN		
WORK ZONE RELA	TED		WORK ZONE TY	PE		N OF CRASH IN			CONTO	UR	CO	NDITION	IS	SURFACE		
WORKERS PRESEN	NT		ANE CLOSURE ANE SHIFT/CROS	SSO V ER		BEFORE THE 1S WARNING SIGN			1	الا	Ĭ	1		_2		
LAW ENFORCEMEN	NT PRESENT L		ORK ON SHOULE R MEDIAN	DER	14 100	ADVANCE WARN TRANSITION AR			1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE							
		4 - IN	ITERMITTENTO	R MOVING WOR	K 4 -	ACTIVITY AREA			I RAIGH I URVE LE	T GRADE	2 - WET 3 - SNOW	ľ		2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL ZO	ACTIVE SCHOOL ZONE 5-01HER 5-1ERMINATION AREA									4 - CURVE GRADE 4 - ICE				ASPHALT 3 - BRICK/BLOCK		
LIGHT O 1 - DAYLIGHT	CONDITION		1 - CL	WEATH	IER 6 - SNOW			9 - 0	THER/UN	NKNOWN	5 - SAND	, MUD, D:	IRT,	4 - SLAG, GRAVEL,		
1 2 - DAWN/DUSK	ī.			OUDY		CROSSWINDS					6 - WATE	R (STAN	DING,	STONE 5 - DIRT		
3 - DARK – LIGH 4 - DARK – ROAI	HTED ROADWAY DWAY NOT LIGHT	FD	3 - F0 4 - RA			G SAND, SOIL, DI G RAIN OR FREE					MOVI 7 - SLUS			9 - OTHER/UNKNOWN		
5 - DARK – UNKI	NOWN ROADWAY			EET, HAIL	99 - OTHER						9 - OTHE		OWN			
9 - OTHER / UNK	KNOWN															
NARRATIVE Unit two was	oviting th	o drive	from E1	∩ Hobro	n Dd								N	Indicate the north direction with		
onto Hopewe	_					-							4	T an "N" on the compass diagram.		
approaching		_				_	-	Scen	ePD ™ - Eval	luation Edition						
right onto Ho						Evaluation Edition	Evaluati Evaluation Edition	on Edition	/.	///	,	E	uation Edition			
completed its	-						Evaluati	SR 79 E	valuation Edit	Evaluation tion	Evaluation Evaluation					
private drive	and turn	right. 1	The left f	ront of u	nit one	Evaluation Edition	Evaluation Edition	on Edition	///			Eval	luation Edition			
struck the rig	ht side of	unit tv	vo			Par	kview Dr Evaluati	on Edition	valgation Edit	Evaluation	Evaluation	Eartion				
						Evaluation Edition	Evaluation Edition		"/(/ ~ ~		Scale Eval	luation Edition			
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Evaluation (Betra) Evaluation (Betra) Evaluation Edition Evaluation Edition																
							Evaluation Edition	on Edition	valuation Edit	Evaluation	sclition	Unit 1				
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition																
						Evaluation Edition	Evaluati Evaluation Edition	on Edition	valuation Edit							
		1			Section 1				rancite (877)							
CRASH REPORTED I			SPATCH DATE /		Street	RIVAL DATE / TIN	99.000			LEARED			557	PORT TAKEN BY POLICE AGENCY		
02082024					U Z U 9	2024	1627				·	/ U 6		MOTORIST		
TOTAL TIME ROADWAY CLOSED INV	OTHER ESTIGATION TIME	TOTAL MINUTES	OFFICER'S Bank				CHECKED BY OFF Markley	ICER'S	NAME?				Ħ	SUPPLEMENT		
			_	OFFICER'S BA	ADGE NUMBER	*	Снеске	BY OFF	ICER'S	BADGE N			1 🗂	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)		
		4 6	0	7	1 1 ;	3 9	0 7	-1	-	1	4	7	1			

J FIRST HARMFUL EVENT

1

OHIO DEF OF PUBLI SAFETY - SERVI	OHIO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST								2 0 2 4 - 0 0 0 0 1 2 3 9								
UNIT #									DATE OF BIRTH AGE GENDER								
0 1	BOSO, THOMAS WILSON								1 0 / 1 1 / 1 9 6 2 6 1 M CONTACT PHONE - INCLUDE AREA CODE								
	WILSON AVE MILLERSPORT, OH 43046																
9	INJURED I	EMS AGENCY (NAME)	MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			SEATING POSITION A				G USAGE	EJECTION	TRAPPED					
NON_ 5 _	TAKEN BY							USED 0 4	DOT-COMPLIANT O 1			1		1	1 1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	OFFENSE DESCRIPTION			CITA			ATION NUMBER		
O H				331.22 CODE				331.22	1.22				020824001				
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER Stracted		OHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION		ALCOHO TYPE	L TEST VALUE	STATUS	TYPE	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 BIRTH			AGE	GENDER		
0 2	ERLENBA	CH, DUANE							0 6	_/ 1	4 / 1	9 5	9 (6 4	M		
ADDRESS:	STREET, CITY, ST	ATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						_			
12658	MARNE RD	NEWARK, OH 4305	5	_				_									
Ż	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED		T-Complia					TRAPPED		
5 OL STATE	BY	TATILICE NUMBER		OFFEN	CE 01141	2058	1,0001	0 4	MC HELMET 0 1				CITATION NUMBER				
O H	OPERATUR L	ERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			UFFENSE DESC	OFFENSE DESCRIPTION			CITA	CITATION NUMBER				
OL CLASS	ENDORSEMENT	ENT RESTRICTION SELECT UP TO 3 DRIV							ALCOHOL TEST				DRUG TEST(S)				
	SELECT UP TO 2		DIS BY	_		LCOHOL MA	RIJUANA	.	STATUS		VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4		
				1	0	THER DRUG		1	1	1	•	1	1				
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER		
ADDDESS.	STREET, CITY, ST	ATE 71D							CONT	OT DUO	NE - INCLUDE AREA		_				
SINO ADDRESS:	SIREEI, UII 1, SI	ATE, ZIP							CUNIA	ACT PHUI	NE - INCLUDE AREA	CODE					
o Injuries		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEATING POSIT	ON AIR BA	G USAGE	EJECTION	TRAPPED		
NON	TAKEN BY							USED		T-COMPLIA			1				
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL			OFFENSE DESC	RIPTION			CITA	CITATION NUMBER					
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		IVER Stracted		DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION		ALCOHO TYPE	L TEST VALUE	STATUS		RESULT	SELECT UP TO 4		
			5,		=	THER DRUG					•						
	IRIES	SEATING POSITION		AIR BAG		OL CLAS	s	OL RESTRIC			IVER DISTRA	CTION		EST STA	TUS		
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			NOT DISTRACTED MANUALLY OPERATI	NG AN	1 - NONI 2 - TEST	E GIVEN REFUSED			
3 - SUSPECTED	MINOR INJURY	2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLOY	ED SIDE		3 - CLASS C		3 - CORRECTIVE LE		I	ELECTRONIC COMMU DEVICE (TEXTING, T	JNICATION	3-TEST		TAMINATED		
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	4 - DEPLOY	/ED BOTH FRO PLICABLE	ONT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS		DIALING) FALKING ON HANDS-	EDEE			ULTS KNOWN		
		(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		MENT UNKN	OWN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		(COMMUNICATION DE	VICE		GIVEN, RES	ULTS		
1 - NOTTRANSP		6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER		TALKING ON HAND-H COMMUNICATION DE		ALC	HOL TES	ST TYPE		
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJI	JECTION ECTED		OL ENDORSEI H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		OTHER ACTIVITY WI ELECTRONIC DEVICE		1 - NONI	E			
3 - POLICE		8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE	2 - PARTIA	LLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT		PASSENGER		2 - BL00 3 - URIN				
9 - OTHER / UNK	CNOWN	10 - SLEEPER SECTION	3 - TOTALL' 4 - NOT AP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONL		OTHER DISTRACTION INSIDE THE VEHICLI		4 - BREA				
SAFETY E 1 - NONE USED	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER		RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMI 12 - LIMITED - OTHE			OTHER DISTRACTION THE VEHICLE	OUTSIDE	5 - OTHE	ER			
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA			R - THREE-WHEEL MO S - SCHOOL BUS	OTORCYCLE	13 - MECHANICAL D	EVICES	9 - (OTHER / UNKNOWN		DR 1 - NONI	UG TEST	TYPE		
3 - LAP BELT ON	NLY USED & LAP BELT USED	PICK-UP WITH CAP) 2 - EXTRICATED BY 12 - PASSENGER IN UNENCLOSED MECHANICAL MEANS			BY T-DOUBLE & TRIPLE TRAILERS COL			(SPECIAL BRAK CONTROLS, OR O	THER	ER CONDITION			2 - BLOOD				
5 - CHILD REST	RAINT SYSTEM -	CARGO AREA	BY X - TANKER / HAZMAT			ADAPTIVE DEVI 14 - MILITARY VEHI	2 ACTAMEN		APPARENTLY NORMA HYSICAL IMPAIRME		3 - URIN 4 - OTHE						
	RAINT SYSTEM -	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	VEHICLE EXTERIOR LING UNIT)				15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT 3 - EN		EMOTIONAL (E.G., DEF				SIII T(S)			
REAR FACING	G	(NON-TRAILING UNIT) 15 - NON-MOTORIST					16 - OUTSIDE MIRRO			LLNESS		DRUG TEST RESULT(S) 1-AMPHETAMINES					
8 - HELMET US		99 - OTHER / UNKNOWN						17 - PROSTHETIC AII 18 - OTHER)		ELL ASLEEP, FAINT ATIGUED, ETC.	ED,		BITURATES	EC		
9 - PROTECTIVE (ELBOW, KN								20 OTHER		6- U	INDER THE INFLUEN F MEDICATIONS / DI			ZODIAZEPIN NABINOIDS	EJ		
10 - REFLECTIVE	CLOTHING									1	ALCOHOL		5 - COCA		ıc.		
11 - LIGHTING - I / BICYCLE OF										9-0	THER / UNKNOWN		6 - OPIA 7 - OTHE	TES / OPIOID ER	19		
99 - OTHER / UNK	(NOWN													ATIVE RESU	LTS		

	OHIO DEPARTMENT OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM							2024	- 0 0	ORT NUMBER	2 3	9				
	UNIT # NAME: LAST, FIRST, MIDDLE 01 BOSO, MARGERY A								DATE OF BIRTH AGE GENDER							
		STREET, CITY,		0 9 / 2 6 / 1 9 6 2 6 1												
2	12213 WILSON AVE MILLERSPORT, OH 43046															
9 II		INJURED TAKEN	EMS AGENCY (NAME)		TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION			TRAPPED					
	5	BY 0_4							0 3	1	1	1				
	UNIT # NAME: LAST, FIRST, MIDDLE								E OF BIRTH		AGE	GENDER				
NA 1	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN																
- II	NJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	E EJECTION	TRAPPED							
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER				
L																
OCCUPAN	DDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
9	JURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT		E EJECTION	TRAPPED							
	1	TAKEN BY			THOUSE PARENTS. MEDICAL PARENT	THE CHAINE, OTHER	USED	DOT-COMPLIANT MC HELMET		ALK BAG COAC		1				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE		l .			DAT	E OF BIRTH		AGE	GENDER				
ا ج																
OCCUPANT	ADDRESS:	: STREET, CITY,	, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE						
<u> </u>	NJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED				
	TAKEN BY					MC HELMET										
	3 FATA		JRIES		Y EQUIPMENT USED		SEATING POS IT – LEFT SIDE	ITION		AIR BAG	JSAGE					
	1 - FATA 2 - SUSI		ERIOUS INJURY	1 - NONE US VEHICLE	OCCUPANT	ER) 1 - NOT DEPLOYED 2 - DEPLOYED FRO			ī							
	3 - SUSPECTED MINOR INJURY 2 - SHOULDI				ER BELT ONLY USED		IT – MIDDLE IT – RIGHT SIDI	=		3 - DEPLOYED SIDE						
	4 - POSSIBLE INJURY 3 - LAP BELT 4 - SHOULDE			T ONLY USED ER & LAP BELT USED	4 - SECO	E	4 - DEPLO									
	5 - NU APPARENT INJURY			ESTRAINT SYSTEM –	5 - SECO	SENGER)	5 - NOT AP									
	INJURED TAKEN BY FORWAR				D FACING		ND – RIGHT SII D – LEFT SIDE	DE	9 - DEPLO							
	1 - NOT TRANSPORTED 6 - CHILD RE /TREATED AT SCENE REAR FA			ESTRAINT SYSTEM – CING	(MOT	ORCYCLE SIDE	CAR)		EJECT	ION .						
	2 - EMS 7 - B00STER					D – MIDDLE D – RIGHT SIDE		1 - NOT EJ								
	3 - POLICE 8 - HELMET			USED TIVE PADS USED		PER SECTION (2 - PARTIA 3 - TOTALI								
				KNEES, ETC.)	CARG	ENGER IN OTH O AREA (NON-TI	RAILING UNIT,	4 - NOT AP								
					TIVE CLOTHING G – PEDESTRIAN	PICK-UP WITH CAI ENGER IN UNE		TRAPPED								
				/ BICYCL			O AREA LING UNIT		1 - NOTTRAPPED							
				99 - OTHER /	UNKNOWN	14 - RIDING ON VEHICLE (NON-TRAILING UNIT)		EXTERIOR	2 - EXTRICATED BY MECHANI MEANS			CAL				
						15 - NON-	MOTORIST ER / UNKNOWN		3 - FREED MEANS		ECHANIC	AL				
	IAME: LAS	ST, FIRST, MIDD	DLE			,,,,		DAT	E OF BIRTH		AGE	GENDER				
WITNESS	DDDECC		CTATE 7ID					CONTACT PHONE	INCLUSE (SEC		1					
M	.DUKE35:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	<u> </u>						
	IAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER				
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
>																
	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
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