OF PUBLIC SAFETY TRAFFIC CRASH	LOCAL REPORT NUMBER*									
OH-2 OH-3	2024-	00001	3 1 8							
PHOTOS TAKEN OH-1P OTHER	NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR						
SECONDARY CRASH PRIVATE PROPERTY	507	1 - SOLVED L 2 - UNSOLVED	020	1 98 - ANIMAL 99 - UNKNOWN						
1 1-GITY	/, VILLAGE, TOWNSHIP*			CRASH DATE / TIME * CRASH SEVERITY						
4 5 1 2 - VILLAGE HEATH		02102024	1930 >	SERIOUS INJURY						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WFST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DEG	CACCALLED TO SECURE OF A STATE OF	SUSPECTED				
3 - EAST 4 - WEST	D R	40,021	039	MINOR INJURY SUSPECTED						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MI	LEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		INJURY POSSIBLE				
3 - EAST 4 - WEST	1100	1		-82,479	180	PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE 1 NORTH IR-	ROUTE TYPE INTERSTATE ROUTE(TP) AL - A	ROAD TYPE LLEY HW - HIGHWAY RD) - ROAD		NTERSECTION RELATED	`				
3 2-MILE POST 1 2-SOUTH US-			- SQUARE	WITHIN INTER	RSECTION OR ON APPROA	CH				
3 - HOUSE # 3 - EAST 4 - WEST SR -	STATE RUUTE		- STREET - TERRACE	WITHIN INTER	RCHANGE AREA NUM	BER OF APPROACHES				
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT - C		TRAIL	ROADWAY						
0 2 2-FEET	NUMBERED TOWNSHIP DR - D	RIVE PI - PIKE W EIGHTS PL - PLACE	A - WAY	ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVEN		R OF CRASH COLLISION/IMPAC	т	DIRECTION OF TRAVE	MEDIAN	TYPE				
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT CO	LLISION 4-REAR-TO-REAR	p. ■	1 - NORTH	1 - DIVIDED F	LUSH MEDIAN				
0 1 2 - ON SHOULDER 10-DRIVEWAY/ 3 - IN MEDIAN 11-RAILWAY G	RADE CROSSING 2 TWO MINISTRALE CROSSING VEHICL	OTOR STREETING		2 - SOUTH 3 - EAST	(< 4 FEET) LUSH MEDIAN				
4 - ON ROADSIDE 12 - SHARED US	SE PATHS OR TRANS	PORT 7 - SIDESWIPE, SAME		4-WEST	(≥4 FEET) DEPRESSED MEDIAN				
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	DE HEAD-O	*			4 - DIVIDED, F	RAISED MEDIAN				
7 - ON RAMP 14-TOLL BOOTI 8 - OFF RAMP 99-OTHER/UN					(ANY TYPE 9 - OTHER/UN					
	WORK ZONE TYPE	LOCATION OF CRASH IN WOR	RK ZONE	CONTOUR	CONDITIONS	SURFACE				
	LANE CLOSURE	1 - BEFORE THE 1ST W		1 , 1	, 1	2				
3.	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNING	GAREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE				
	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA		2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP,				
	OTHER	5 - TERMINATION ARE	Α	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT				
LIGHT CONDITION	WEATHER			4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK				
1 - DAYLIGHT		- SNOW		97	OIL, GRAVEL	4 - SLAG, GRAVEL, STONE				
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	1 · · · ·	- SEVERE CROSSWINDS - BLOWING SAND, SOIL, DIRT, S	SNOW		6 - WATER (STANDING, MOVING)	5 - DIRT				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	101 MAY 100 CO. 10 CO.	- FREEZING RAIN OR FREEZIN 9 - OTHER / UNKNOWN	NG DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN	S TOLLET, MALE	z volum olivilossii			9 - OTHER/UNKNOWN					
NARRATIVE		- 1 1 1			N	Indicate the north				
Unit 1 was traveling north or		t 2				an "N" on the compass diagram.				
turned north from 1100 Thor				ScenePD ™ - Evaluation Edition						
proceeded north on Thornwo		Evalual	tion Edition	Evaluation Edition Edition	(z =					
ended Unit 2 further down th	ne road.	Evaluation Edition		Evaluation E	Evaluation Edition Evaluation Edition					
		Evaluation Edition	tion Edition	Evaluation Edition Edition		_ -				
		E-varied (V/I) E-M(I)/II	Unit	Evaluation E	Evaluation Edition Evaluation Edition	1				
		Evaluation Edition	Evaluation tion Edition	Edition Friedrick Or						
				Evaluation E Evaluation E	Evaluation Edition Evaluation Edition					
		Evaluation Edition	Evaluation tion Edition	Edition	Evaluation Edition					
			Ellahar-	Evaluation Edition	Evaluation Edition					
		Evaluation Edition	tion Edition		Evaluation Edition					
			Evaluation	Evaluation E Evaluation Edition	Evaluation Edition	·-				
		Evaluation Edition	tion Edition	Not To .	Scale					
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	minutes and make a	EPORT TAKEN BY				
0,2102024, 1,930,021	02024 1932 0	2102024 19	9 3 5 0	2102024	2012	POLICE AGENCY				
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT		Сне	arkley	CER'S NAME*	ᆛ	MOTORIST				
THE CONTRACTOR OF THE CONTRACT		Y OFFICER'S BADGE N	UMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)						
2,0,6,2	O 7 -	1 5 3		- 1	4 7					

J FIRST HARMFUL EVENT

0F **5**

OHIO DEF OF PUBLI SAFETY - SERVI	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST							2 0 2 4 - 0 0 0 0 1 3 1 8								
UNIT #								DATE OF BIRTH AGE GENDER								
0 1	PINEDA, MICHAEL EUGENE							0 7 / 2 5 / 2 0 0 6 1 7 M								
₽	CONTACT PHONE - INCLUDE AREA CODE CUSTER RD HEATH, OH 43056										CODE	.		. 🔳 .		
<u> </u>	INJURED	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		T SEATING POSITION AT				AG USAGE	EJECTION	TRAPPED	
NON 5 -	TAKEN BY							USED 0 4		T-COMPLIA		1	. ,	1	1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION	1		CITA	CITATION NUMBER			
ОН				333.0	333.03						N2:	N214649				
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED	_	DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION		TYPE	VALUE	STATUS		RESULT	T SELECT UP TO 4	
_4				1	=	THER DRUG		1	1	1	• 💷	1	1			
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER	
0 2	EDWARD	S, MARK EUGENE							1 1	_/ 1	4 / 1	9 7	5 4	4 8	M	
₹	STREET, CITY, ST								CONTA	ACT PHOP	NE - INCLUDE AREA	CODE	_			
202 Che	<u> </u>	DR NEWARK, OH 43	055	Thumber	TAKENTO	MEDICAL FACILITY		SAFETY EQUIPMENT					NI AND DAG MARKET I STREET, INC.			
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED				USED 0 4	DOT-COMPLIANT O 1		ON AIR BAG USAGE EJECTIO			TRAPPED 1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC				CITA	CITATION NUMBER			
O H					CODE											
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED	_	DHOL / DRUG SUSP		CONDITION	STATUS	ALCOHO TYPE	L TEST VALUE	STATUS		RESULT	T SELECT UP TO 4	
4			ВҮ	1	=	LCOHOL MAI THER DRUG	RIJUANA	1	1	1		1	1			
UNIT #	NAME: LAST, F	FIRST, MIDDLE			<u> </u>	THER DROG				D.	ATE OF BIRTH			AGE	GENDER	
	·									1 1	1 1 1	1 1 1		1 1		
	STREET, CITY, ST	ATE, ZIP				CONTACT PHONE - INCLUDE AREA COD										
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-COMPLIA		ION AIR BA	AG USAGE	EJECTION	TRAPPED	
OL STATE	TATE OPERATOR LICENSE NUMBER OFFENSE CHA			CE CUA	DOED LOCAL OFFENCE DEC			COLDITION			CITA	CITATION NUMBER				
ORISI OF STATE	OPERATOR L	ICENSE NUMBER		UFFER	SE UHAP	RGED LOCAL OFFENSE DESC			RIPIIUN			CITA	CITATION NOWBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		IVER	ALCOHOL / DRUG SUSPECTED CONDITION			CONDITION	ALCOHOL TEST			DRUG TEST(S) S TYPE RESULT SELECT UP TO 4				
	SELECT UP TO 2		BY	TRACTED	=	_	RIJUANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULI	I SELECI UP 10 4	
TNJU	RIES	SEATING POSITION		AIR BAG		THER DRUG OL CLAS	s	OL RESTRIC	TION(S		• LUER DISTRA	CTION		EST STA	TIIS	
1 - FATAL	MILS	1 - FRONT – LEFT SIDE	1 - NOT DE			1 - CLASS A	J	1-ALCOHOL INTER			NOT DISTRACTED	OTTON	1 - NON			
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY MINOR INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOY 3 - DEPLOY			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		I	MANUALLY OPERAT ELECTRONIC COMM	JNICATION		REFUSED	ITAMINATED	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE		ED BOTH FRO	ONT / SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	INOLO		DEVICE (TEXTING, T DIALING)	YPING,	SAM	PLE / UNUSA	ABLE	
5 - NO APPAREN	IT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT API	PLICABLE 'MENT UNKN	OWN	(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS			TALKING ON HANDS			GIVEN, RES GIVEN, RES	SULTS KNOWN SULTS	
	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE	7-021201	WEITT ONKE	OVVIV	6 - NO VALID OL		& CLASS B BUS		4 - 1	TALKING ON HAND-F	IELD	UNK	NOWN		
1 - NOT TRANSP /TREATED AT		7 - THIRD - LEFT SIDE	E	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - (OTHER ACTIVITY WI	TH AN	ALCO 1 - NON		ST TYPE	
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8-THIRD – MIDDLE	1 - NOT EJE	ECTED LLY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER			ELECTRONIC DEVIC PASSENGER	E	2 - BL00			
9 - OTHER / UNK	CNOWN	9 - THIRD - RIGHT SIDE	3-TOTALL			P - PASSENGER		RESTRICTIONS		7 - 0	THER DISTRACTION		3 - URIN			
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT API	PLICABLE		N - TANKER Q - MOTOR SCOOTER		10 - LIMITED TO DAY		8-0	INSIDE THE VEHICL OTHER DISTRACTION		4 - BRE			
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE			THE VEHICLE OTHER / UNKNOWN		DR	UG TEST	ТҮРЕ	
		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRAPPED 2 - EXTRICATED BY			S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS		13 - MECHANICAL D (SPECIAL BRAK	EVICES ES, HAND				1 - NONE			
4 - SHOULDER & LAP BELT USED		12 - PASSENGER IN UNENCLOSED MECHANICAL MEANS CARGO AREA 3 - FREED BY			X - TANKER / HAZMAT	CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - 4	CONDITION 1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE				
FORWARD FA		13-TRAILING UNIT NON-MECHANICAL MEANS					14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER					
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)					AIR BRAKES		A	NGRY, DISTURBED)	neoseu,	000000000000000000000000000000000000000		ESULT(S)		
7 - BOOSTER SEAT		15 - NON-MOTORIST					16 - OUTSIDE MIRRO 17 - PROSTHETIC AI			1 12211200			1 - AMPHETAMINES 2 - BARBITURATES			
8 - HELMET USI 9 - PROTECTIVE		99 - OTHER / UNKNOWN						18 - OTHER		F	ATIGUED, ETC. INDER THE INFLUER		3 - BEN	ZODIAZEPIN	ES	
(ELBOW, KNE	EES, ETC.)									0	F MEDICATIONS / D ALCOHOL			NABINOIDS AINE		
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN									5 - COCAINE 6 - OPIATES / OPIOIDS							
	PEDESTRIAN										THER / UNKNOWN			TES / OPIOID	os	

Ũ	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM							2024	- 0 0	O 0 1	3 1	8		
	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE					
ı	01	Pineda, Anthony						0 4 / 1 3 / 2 0 1 0 1 3 M						
OCCUPANT	ADDRESS:	STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE										
8	97 Cust	ter DR he	ath , OH 43056											
8	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
ı	_5	BY					0 4	MC HELMET	0 3	1	_1	_1		
ľ	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
	02	Edward	ls, Jordyn					0 1 / 0	1 / 2 0	_0 _0 _	2 4	_ F		
DCCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE		•		
昌	1100 TI	hornwoo	d DR 702 Heath, C	OH 43056										
9	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED			
Ę	_5	BY					0 4	☐ MC HELMET	1	_1	_1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
JPAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
OCCUPAN	TM HUNZES	TN IVE	EMC Assessment		WINDER TAY	T SEATING POSITION AIR BAG USAGE EJECTION TRAPPI								
	INJURIES INJURED TAKEN BY EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING PUSITION	AIK BAG USAG	E EJECTION	IKAPPED		
5											<u> </u>			
ı	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
Ę	ADDDESS	STREET, CITY,	CTATE ZID					CONTACT PHONE WOUND AND AND						
OCCUPANT	ADDRESS:	: SIREE1, GII1,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
ä	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	ATR BAG USAG	E EJECTION	TRAPPED		
ı		TAKEN BY					USED	DOT-COMPLIANT MC HELMET						
٥		INJU	JRIES	SAFETY	/ EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	JSAGE			
	1 - FATA	AL		1 - NONE US			T – LEFT SIDE		1 - NOT DE					
	3 - SUSPECTED MINOR INJURY 2 - SHOULDI			E OCCUPANT (MOTORCYCLE DRIV ER BELT ONLY USED 2 - FRONT – MIDDLE 3 - FRONT – RIGHT SID			(ER) 2 - DEPLOYED			-				
								3 - DEPLO						
	4 - POSSIBLE INJURY 3 - LAP BELL				ER & LAP BELT USED		ND - LEFT SIDI		4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE					
	5 - NU APPARENT INJURY			ESTRAINT SYSTEM -		ORCYCLE PASS ND – MIDDLE	ENGER/							
I		INJURED	TAKEN BY		DFACING		ND – RIGHT SI	DE	9 - DEPLOYMENT UNKNOWN EJECTION					
		TRANSPOR		6 - CHILD RE	ESTRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE	CAR)						
	2 - EMS 7 - B00STEF					D – MIDDLE		ECTED						
	3 - POLICE 8 - HELMET			USED		D – RIGHT SIDE PER SECTION (ALLY EJECTED						
	, , , , , , , , , , , , , , , , , , , ,			IVE PADS USED		ENGER IN OTH		Y EJECTE	EJECTED					
				KNEES, ETC.) IVE CLOTHING		O AREA (NON-TE PICK-UP WITH CAI		4 - NOT AP						
					G – PEDESTRIAN	ENGER IN UNE		TRAPPED						
				/ BICYCLI			O AREA LING UNIT		1 - NOTTRAPPED					
	99 - OTHER /				UNKNOWN	14 - RIDING ON VEHICLE		EXTERIOR	2 - EXTRICATED BY MECHANICA MEANS			CAL		
							TRAILING UNIT) MOTORIST		3 - FREED		ECHANIC	AL		
							R/UNKNOWN		MEANS					
Ī	NAME: LAS	ST, FIRST, MIDD	LE	1		***		DAT	E OF BIRTH		AGE	GENDER		
WITNESS										السلا				
ΗM	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
5	NAN								F OF PIPTU		100	L AFTYS SE		
SS	NAME: LAS	ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
≯								TOTAL THOUSE AREA GOOD						
î	NAME: LAS	ST, FIRST, MIDD	LE					DATE OF BIRTH AGE GENDE						
ESS														
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	DE				
									L		1 1			