OHIO DEPARTMENT TRAFFIC CRASH	L	OCAL REPORT NUMB								
□ 0H-2 <b>▼</b> 0H-3	LOCAL INFORMATION	2024-	0000	1336						
PHOTOS TAKEN OH-1P OTHER  SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME* Heath PD		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 9 98 - ANIMAL				
COUNTY* LOCALITY* LOCATION: CI	TY, VILLAGE, TOWNSHIP*		CRASH DATE / T		RASH SEVERITY					
4 5 1 1 2-VILLAGE HEATH		0.2112024, 1810, 5 1- FATAL								
3 - TOWNSHIP 3 - TOWNSHIP ROUTE NUMBER PREFIX 1 - NORTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE		2 - SERIOUS INJURY SUSPECTED				
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WFST	MCDONALD		L N	40,032	5 2 5	3 - MINOR INJURY SUSPECTED				
1,1201	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 2 - SOUTH 2 - 4 - WEST	30th		ST	-82 4 4 3	6 8 3	5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	<u> </u>		INTERSECTION RELAT					
1-INTERSECTION 1-NORTH IR	976		O - ROAD Q - SQUARE	WITHIN INTE	RSECTION OR ON APPR	OACH				
3-HOUSE # 3-EAST	I LDENAL OO NOOTE		- STREET	WITHIN INTE	RCHANGE AREA N	JMBER OF APPROACHES				
	- NUMBERED COUNTY BOUTE CR		E - TERRACE L - TRAIL	ROADWAY						
1-MILES TR	- NUMBERED TOWNSHIP DR	- DRIVE PI - PIKE W	A - WAY	X ROADWAY DIV	IDED					
1 0 0 2 3-YARDS	HE	- HEIGHTS PL - PLACE		<u> </u>	1					
LOCATION OF FIRST HARMFUL EVE 1 - ON ROADWAY 9 - CROSSOVE	R 1-NOT	<b>NER OF CRASH COLLISION/IMPAC</b> COLLISION 4-REAR-TO-REAR	т	DIRECTION OF TRAVE	51 NODO-1913	IAN TYPE D FLUSH MEDIAN				
	Y/ALLEY ACCESS 7 TWO	WEEN 5-BACKING MOTOR 5-BACKING		4 2-SOUTH	<b>4</b> (<4 FE	ET)				
4 - ON ROADSIDE 12-SHARED L	VEH	ICLES IN 6-ANGLE NSPORT 7-SIDESWIPE, SAME	DIRECTION	3 - EAST 4 - WEST	( ≥4 FE	A 0.00 III				
5 - ON GORE TRAILS 2 - REAR-END 8 - SIDESWIPE, OPPOSITE DIRECTION 3 - DIVID 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN 4 - DIVID										
7 - ON RAMP 14-TOLL BOOTH (ANY TYPE)										
G-OIT MAINIT	WORK ZONE TYPE	LOCATION OF CRASH IN WOR	DV 70NE	CONTOUR	CONDITIONS	SURFACE				
	- LANE CLOSURE	1 - BEFORE THE 1ST W		3	1	2				
] _   3	- LANE SHIFT/CROSSOVER - WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNING	G AREA		1 - DRY	1 - CONCRETE				
LAW ENFORCEMENT PRESENT	OR MEDIAN - INTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA		2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS,						
	- OTHER	5 - TERMINATION ARE	Α	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT				
LIGHT CONDITION	WEATHE	ER .		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAG GRAVEL						
1 - DAYLIGHT <b>1</b> 2 - DAWN/DUSK	1 - CLEAR 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS		UIL, GRAVEL STONE						
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DIRT,			MOVING)	5 - DIRT 9 - OTHER/UNKNOWN				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZIN 99 - OTHER / UNKNOWN	NG DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	y striction and				
9-OTHER/UNKNOWN					)-UIIIEWOWKWOWW					
NARRATIVE						Indicate the north				
Units 1 and 2 turned right fr					1 4	an "N" on the compass diagram.				
30th Street onto McDonald		1		ScenePD ™ - Evaluation Edition						
passing Unit 1, the vehicles Unit 1 occupied the right lar			Evaluation ation Edition	Evaluation Edition Edition						
the left lane during the colli		apicu		Evaluation Edition	1 4 1 1	dition				
explanations were plausible		Evaluation Edition	Evaluation ation Edition	9	Street Street	dition				
other. The exact cause of th	· · ·		Unit 1	Unit 1  Evaluation Edition	Evaluation Edition					
undetermined.		Evaluation Edition	Horr Edition		Evaluation	dition				
		-	Evaluation	P Evaluation Edition  Edition	Edition &	_				
		Evaluation Edition	McDo	nald Lane	Andover Ro	ad <sub>on</sub>				
		Evalua	Evaluation	Evaluation Edition	Not To Sca	·				
		Evaluation Edition		හි Evaluation B	Evaluation E Evaluation Edition	dition				
		Evaluation Edition	Evaluation ation Edition	Evaluation Edition						
and upper and the same of the	DIGDATAL DATA VALVA			Trancite (877) 908-4777	NATE / TIME	PERORE TALLET				
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	R 1 0 0	SCENE CLEARED I	500 (COS) - COS (SOS) (SOS) (SOS) (SOS)	REPORT TAKEN BY  POLICE AGENCY				
0 2 1 1 2 0 2 4 1 8 1 0 0 2 1				2112024	104/	MOTORIST				
TOTAL TIME OTHER TOT. ROADWAY CLOSED INVESTIGATION TIME MINU			nart	CER'S NAME*	ļ.	SUPPLEMENT (CORRECTION OR ADDITION				
	OFFICER'S BAI		Снеске <b>о</b> і	or officer's badge n	UMBER*	TO AN EXISTING REPORT SENT TO ODPS)				
	0 7 -	1 5 5	• , ,	<b>_</b>	5 6					

OHIO DE OF PUBL.	PARTMENT IIC SAFETY NGE - PROTECTION	OTORIST / <b>N</b> o	N-N	Іото	RIS	Т			2 0	2 4	<b>4</b> - (		ORT NUI		3 3	6
UNIT # NAME: LAST, FIRST, MIDDLE  0 1								ATE OF B			$\Box$	AGE	GENDER F			
	HESKETT	<u>*</u>							$\vdash$		2 /				6 3	<u> </u>
2		IEWARK, OH 43055							CUNIZ	CI PHUI	NE - INCLUE	. AREA C		•		.∎.
INJURIES INJURED EMS AGENCY (NAME)					TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)				SEATING	POSITION	N AIR BAG	USAGE	EJECTION	TRAPPED
NON 5	TAKEN BY							USED 0 4		F-COMPLIA HELME		1	1		1	1
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION	I			CITAT	ION N	UMBER	
<b>В</b> О Н																_
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted	_	DHOL / DRUG SUSP LCOHOL   MA	ECTED RIJUANA	CONDITION	STATUS	TYPE	VALU	E	STATUS	TYPE	RESULT	SELECT UP TO 4
4				1	=	THER DRUG	MOGANA	1	1	1		, ,	1	1		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF B	RTH			AGE	GENDER
0 2	WILLEY,	JOHN A							0 9 / 1 9 / 1 9 8 6 3 7					M		
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUD	E AREA C	ODE	_		_
酉		AVE NEWARK, OH 43	055						لــــــــــــــــــــــــــــــــــــــ				4			
INJURIES  5	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJURED T	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED 0 4		T-COMPLIA HELME	NT	POSITION	AIR BAG	USAGE	EJECTION 1	TRAPPED 1
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAF	RGED	LOCAL	OFFENSE DESC	CRIPTION			CITAT	ATION NUMBER			
<b>В</b> о н ,							CODE									
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	OHOL / DRUG SUSP		CONDITION	STATUS	ALCOHO TYPE	L TEST VALU	E	STATUS	DRU(	RESULT	SELECT UP TO 4
. 4			ВУ	1	=	LCOHOL MA THER DRUG	RIJUANA	1	1 ,	1 .			1	1		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF B	RTH			AGE	GENDER
	: STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUE	E AREA C	ODE			
<u> </u>									ш			1	1			
INJURIES	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-COMPLIA HELME	NT	POSITION	N AIR BAG	USAGE	EJECTION	TRAPPED
OL STATE	2 OL STATE OPERATOR LICENSE NUMBER					OFFENSE DESC	RIPTION	ı			CITAT	CITATION NUMBER				
							CODE									
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED		DHOL / DRUG SUSP	ECTED RIJUANA	CONDITION	STATUS	ALCOHO TYPE	L TEST VALU	E	STATUS	DRU( TYPE	RESULT	SELECT UP TO 4
			BY		=	LCOHOL MA THER DRUG	KIJUANA		ļ. ,	ļ. ,				ı		
INJU	JRIES	SEATING POSITION	A	IR BAG		OL CLAS	S	OL RESTRIC	TION(S)	DF	RIVER DI	TRACT	TION	ī	EST STA	TUS
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTATI			NOT DISTRAC MANUALLY O		3 AN		E GIVEN T REFUSED	
3 - SUSPECTED		2 - FRONT - MIDDLE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LE			ELECTRONIC DEVICE (TEX	COMMUN	ICATION	3-TEST	T GIVEN, CON	
4 - POSSIBLE IN 5 - NO APPAREN		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE	4 - DEPLOY	ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS A	A DIIC		DIALING)				IPLE / UNUSA T GIVEN, RES	ABLE SULTS KNOWN
		(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		MENT UNKNO	OWN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS A			TALKING ON COMMUNICA	TION DEVI	CE		T GIVEN, RES	SULTS
1 - NOT TRANSP	TAKEN BY PORTED	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 H - HAZMAT	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 3 - URIN		
9 - OTHER / UNK	KNOWN	9 - THIRD – RIGHT SIDE 10 - SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONL		OTHER DISTF INSIDE THE V			4 - BRE		
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EMP			OTHER DISTE		UTSIDE	5 - OTHI	ER	
1 - NONE USED 2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	PPED PED		R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE	EVICES	9-	OTHER / UNK	NOWN		DR 1-NON	UG TEST	TYPE
3 - LAP BELT ON		PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	ATED BY JICAL MEANS	i	T - DOUBLE & TRIPLE		(SPECIAL BRAKI CONTROLS, OR O	THER		COND			2 - BL00		
5 - CHILD REST	& LAP BELT USED  RAINT SYSTEM –	CARGO AREA	3 - FREED B			X - TANKER / HAZMAT		ADAPTIVE DEVI			APPARENTLY PHYSICAL IM		T	3 - URIN 4 - OTHI		
	RAINT SYSTEM -	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	TOT-ME	W	_,0			15 - MOTOR VEHICLE AIR BRAKES	S WITHOU	3 - 1	EMOTIONAL (	E.G., DEPRE	ESSED,			ESULT(S)
REAR FACIN 7 - BOOSTER SE		(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRRO			LLNESS	ico)			HETAMINES	
8 - HELMET US		99 - OTHER / UNKNOWN						17 - PROSTHETIC AID	)		ELL ASLEEP ATIGUED, ET		,		BITURATES ZODIAZEPIN	FÇ
9 - PROTECTIVE (ELBOW, KNI								20 OTTEN		6- l	JNDERTHE II OF MEDICATION	NFLUENCE			NABINOIDS	LJ
10 - REFLECTIVE	CLOTHING									1	ALCOHOL			5 - COCA		ne.
11 - LIGHTING - / BICYCLE OI										9- (	THER / UNK	IUWN		6 - 0PIA 7 - 0THI	ATES / OPIOIC ER	Jō
99 - OTHER / UNK	KNOWN													8 - NEG	ATIVE RESU	LTS

Ū	OCCUPANT / WITNESS ADDENDUM							2024	0 2 4 - 0 0 0 0 1 3 3 6						
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
	01	GARTNI	ER, KYLE THOMAS	0 2 / 2 6 / 1 9 8 7 3 6 M											
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT	702 E M	AIN ST	A LANCASTER, OH	43130											
8	INJURIES	INJURED	EMS AGENCY (NAME)		SAFETY EQUIPMENT	T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED									
	5	TAKEN BY					USED O 4	MC HELMET	0 4	1 ,	1 ,	1			
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENE							
ı	02		, PAYSON					1							
Į.	ADDRESS:	STREET, CITY,						CONTACT PHONE							
DCCUPAN	914 CLE	EVELAND	AV NEWARK, OH	43055					1 1						
8		INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (name, city)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
ı	. 5	TAKEN BY					USED O 4	MC HELMET	0 4	. 1	1 ,	. 1			
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATI		AGE	GENDER				
ı			, ,												
N	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	 DE					
OCCUPANT															
8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	SAFETY EQUIPMENT	SEATING POSITION AIR BAG U		AIR BAG USAGE	SAGE EJECTION TRAPPED					
		TAKEN BY				•	USED	DOT-COMPLIANT MC HELMET							
5	UNIT #	NAME: 1 AS	T, FIRST, MIDDLE					חאדו	E OF BIRTH		AGE	GENDER			
ı	ONII #	NAME: LAS	i, i iksi, wildde		DATI	L OF BIRTH		AUL	GENDER						
Į	ADDRESS:	STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT			-···-, -··					CONTACT FROME - INCLUDE AREA CUDE							
ĕ	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ITY (NAME, CITY)   SAFETY EQUIPMENT			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
ı	TAKEN BY					USED	DOT-COMPLIANT MC HELMET								
		TNJU	IRIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA			1 - NONE US			T – LEFT SIDE		1 - NOT DE						
	2 - SUSF	PECTED SE	RIOUS INJURY	VEHICLE	OCCUPANT		ORCYCLE DRIV	ER)	2 - DEPLO	YED FRONT					
	4 - POSSIBLE INJURY  3 - LAP BEL				R BELT ONLY USED	T – MIDDLE T – RIGHT SIDE	<del>.</del>	3 - DEPLOYED SIDE							
						4 - SECO	ND – LEFT SIDE	Ī	4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE						
					R & LAP BELT USED		ORCYCLE PASS ND – MIDDLE	ENGER)							
							ND – RIGHT SIC	)E							
					STRAINT SYSTEM -		D - LEFT SIDE								
	/TREATED AT SCENE REAR FA						ORCYCLE SIDE D – MIDDLE	CAR)		EJECTIO	) N				
	2 - EMS 7 - BOOSTER						D – RIGHT SIDE		1 - NOT EJECTED						
	3 - POLICE 8 - HELMET				IVE PADS USED		PER SECTION (		0 TOTALINE FOTED						
					KNEES, ETC.)		ENGER IN OTHI O AREA (NON-TE		3 - TOTALLY EJECTED  4 - NOT APPLICABLE						
				10 - REFLECT	IVE CLOTHING	BUS, F	PICK-UP WITH CAP	·)	TRAPPED						
					G – PEDESTRIAN	ENGER IN UNE O AREA	NCLOSED	1 - NOTTR		чU					
				/ BICYCLI			LING UNIT		2 - EXTRICATED BY MECHANICA			`Δ1			
				77 - UTILICA	JINKINO WIN		IG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS			), (L			
							MOTORIST			BY NON-ME	CHANICA	4L			
						99 - OTHE	R/UNKNOWN		MEANS	l					
S	NAME: LAS	ST, FIRST, MIDD	LE	<u></u>				DATI	E OF BIRTH		AGE	GENDER			
WITNESS	ABPRET														
M	AUURESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE		DE					
٥	NAME	ST, FIRST, MIDD	ıe					DATE OF BIRTH AGE GENDER							
SS	HAIVIE: LAS	סו, רואטו, MILDD	LE												
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
≥								AREA OUDE							
i	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ESS															
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	DE					
Σ															