OHIO DEPARTMENT T	RAFFIC C	RASH R	EPORT	*DENOTES MA	NDATORY FIE	LDFOR	SUPPLEM	ENT REPORT			LOCAL R	EPORT N	UMBER*	*	
OHIO DEPARMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT OH-2 OH-3 LOCAL INFORMATION									2 (23	- 0	0 0	0 2	107	
M PHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME* NCIC*							NCIC*	F	IIT/SKIP	NUMBI	ER OF UNIT	'S	UNIT IN ERROR		
SECONDARY CRASH PRIVATE PROPERTY Heath PD 04507								1 - SOLVED 2 - UNSOLVE) 3	0	1 98 - ANIMAL 99 - UNKNOWN			
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*									1	RASH DATE			_ 7	SH SEVERITY	
										0.2232023, 0227 4 1- FATAL 2 - SERIOUS INJUR					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 2 - SOUTH THORNWOOD ROAD NAME THORNWOOD D R										LATITUDE		22.40(4)		SUSPECTED MINOR INJURY	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									4.0	SUSPECTED					
ROUTE TYPE ROUTE NU	ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE								1	LONGITUDE				INJURY POSSIBLE	
REFE		B - EAST I - WEST	100 THO	RNWOOL	D DR				8	4 7	9 1	8	D	PROPERTY DAMAGE ONLY	
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NOF 2 - SOU 3 - EAS 4 - WE: DISTANCE	ITH ST ST SR - S	ROUTE TYPE NTERSTATE ROU EDERAL US ROU TATE ROUTE	TTE(TP) AL AV BL CR	- ALLEY - AVENUE - BOULEVARD - CIRCLE	0V - 0V	GHWAY F NE S LEPOST S AL T	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE		WITHIN INT	ERSECTI	GE AREA	APPROA(`	
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PL - PIKE WA - WAY									ROADWAY ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER 1 - NOR COLLISION MPACT 2 - SOUTH 3 - EAST 4 - WEST 3 - DIVIDED FLUSH MEDIAN (<4 FEET) 3 - EAST 4 - WEST 3 - DIVIDED FLUSH MEDIAN (<4 FEET) 4 - WEST 3 - DIVIDED FLUSH MEDIAN (<4 FEET) 4 - WEST 3 - DIVIDED FLUSH MEDIAN (<4 FEET) 4 - WEST 4 - WES										LUSH MEDIAN) LUSH MEDIAN) DEPRESSED MEDIAN PAISED MEDIAN					
8 - OFF RAMP WORK ZONE RELA			WORK ZONE TYP	of .	LOCATIO	N OF CR	ASH IN WO	DRK ZONE	C	ONTOUR	Tc	ONDITION	NS	SURFACE	
LAW ENFORCEMENT PRESENT OR MEDIAN 4-INTERMITTENT OR MOVING WORK 4-ACTIVITY AREA 5-OTHER 5-TERMINATION AREA 5-TERMINATION AREA								2 - STR 3 - CUR 4 - CUR	1 - STRAIGHT LEVEL 1 - DRY 2 - STRAIGHT GRADE 2 - WET 3 - CURVE LEVEL 3 - SNOW 4 - CURVE GRADE 4 - ICE 9 - OTHER/UNKNOWN 5 - SAND, M			1 - CONCRETE 2 - BLACKTOP, BITUMINOU ASPHALT 3 - BRICK/BLOC D, DIRT, 4 - SLAG GRAV			
3 - DARK – LIGH 4 - DARK – ROAI 5 - DARK – UNK	1 - DAYLIGHT 1 - CLEAR 6 - SNOW OIL, GRAVEL STONE 2 - DAWN/DUSK 01 2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - DARK - LIGHTED ROADWAY 3 - FOG. SMOG. SMOKE 8 - BLOWING SAND. SOIL. DIRT. SNOW 4 - SLAG, GRAVEL STONE 5 - DIRT									STONE					
NARRATIVE						_ '							\wedge	Indicate the north	
UNIT #1 WAS	S SOUTHE	BOUND	ON THOR	NWOOD										direction with an "N" on the	
DRIVE MAKII									ScenePI	O™ - Evaluation Editi	on		V	compass diagram.	
ENTRANCE FO							Eval	Evaluation		uation Edition					
WAS NORTH		_		_		Eval	uation Edition		1	1 -6	Evalu	Eva ation Edition	uluation Edition		
#3 WAS STO							Eval	Evaluation	Evali n Edition	uation Edition				-	
ENTRANCE O TO MAKE A R					ING	Eval	uation Edition			Evaluat	To Scale Evalu	Eva ation Edition	luation Edition	-	
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UNIT #1. THI									n Edit Eval	Evaluat uation Edition	Evalu ion Edition	ation ¹ ENROPWOO	O DRIVE		
#3.						Eval	Evali uation Edition	uation Edition		[]			luation Edition		
								Evaluatio		Evaluat uation Edition	Evalu ion Edition	ation Edition			
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CRASH REPORTED	DATE / TIME	D	ISPATCH DATE /	TIME	ARI	RIVAL D	ATE / TIME			NE CLEARE				EPORT TAKEN BY	
02232023	1,24,1	0,2,2,3	2023	1242	0223	2 0 2	3 1	2420	22	3 2 0 2	3 1	3 1 5		POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED INV	OTHER ESTIGATION TIMI	TOTAL MINUTE	officer's Ream					HECKED BY OFFI	ICER'S N	IAME*			H	MOTORIST SUPPLEMENT	
0			o Reali	OFFICER'S BAD		* L ,	-		BY OFFIC	CER'S BADGE	NUMBER	°* 0	┧╙	(CORRECTION OR ADDITION TO AM EXISTING REPORT SENT TO ODPS)	

OHIO DE OF PUBL SAFETY - SERV	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MATY: SHAMEC: PAGTECTION								2 (2			O O		L O	7
UNIT #								ı	DATE OF	BIRTH		A	GE	GENDER		
01	REIF, ELAINE ELIZABETH								0 2 / 2 4 / 2 0 0 1 2 2 F						F	
ADDRESS:	: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	FERSON ST NEWARK, OH 43055 S INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, GITY) SAFETY EQUIPME								T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
ADDRESS. 26 JEFF INJURIES OL STATE O H OU CLASS	TAKEN				TARENTO	. MEDIOAL PACIETY	WAME, OUT 17	USED 0 4		T-COMPLI HELME	ANT	1	1		1	1
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTIO	N		•	CITATI	TATION NUMBER		
Д о н				331.17 CODE X			331.17				2131	.43				
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER Tracted		OHOL / DRUG SUSP		CONDITION	STATUS		OL TEST			DRUG T TYPE		SELECT UP TO 4
4			BY	1	=	LCOHOL MA THER DRUG	RIJUANA	1	1	1		, ,	1	1	Ш	11 11 1
UNIT#	NAME: LAST, I	FIRST, MIDDLE									DATE OF	BIRTH		A	GE	GENDER
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ADDRESS	: STREET, CITY, ST	ATE, ZIP							CONT	ACT PHO	NE - INCL	UDE AREA C	ODE			
1065 J	DANNE CT	HEATH, OH 43056														
1065 JOHN INJURIES OL STATE OH OL CLASS	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 4		T-Compli HELME			N AIR BAG		JECTION 1	TRAPPED •
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OL CLASS				3 DRIVER ALCOHOL / DRUG			ECTED	CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
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											CONTACT PHONE - INCLUDE AREA CODE					
🖺 1100 Т																
INJURIES	INJURIES INJURED EMS AGENCY (NAME)				TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						TRAPPED	
9 4	4 BY 1 Heath FD OL STATE OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL OFFENSE DES						HELME		_ 1	_ 1		1	_1
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O H OL CLASS	ENDORSEMENT	RESTRICTION SELECT	IID TO 2 DDT	VER	AL C	OHOL / DRUG SUSP	L L	CONDITION		ALCOH	OL TEST			DRUG T	FST(S)
UL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED		_	RIJUANA	CONDITION	STATUS							SELECT UP TO 4
_4				1	0	THER DRUG		1	_1	1			_1	1		
INJU 1 - FATAL	JRIES	SEATING POSITION 1-FRONT - LEFT SIDE	1 - NOT DEP	IR BAG		OL CLAS 1-CLASS A	S	OL RESTRIC 1-ALCOHOL INTER			NOT DISTR	DISTRAC		1 - NONE GI	ST STA	TUS
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT			- MANUALL	Y OPERATIN	IG AN	2 - TEST RE		
3 - SUSPECTED 4 - POSSIBLE IN		2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLOYED SIDE 3 - CLASS C 4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = D) 5 - NOT APPLICABLE (OHIO = D)					3 - CORRECTIVE L 4 - FARM WAIVER		DE		LECTRONIC COMMUNICATION EVICE (TEXTING, TYPING, IALING) ALKING ON HANDS-FREE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN		
5 - NO APPAREN		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)				5 - EXCEPT CLASS	A BUS 3 - TAL		TALKING 0							
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKN	OWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	Д	4.		CATION DEV IN HAND-HE	.02	5 - TEST GI' UNKNOV		ULIS
1 - NOT TRANSF /TREATED A	PORTED	6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE		JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO		R	COMMUNIC	CATION DEV	ICE	ALCOH	OL TES	Т ТҮРЕ
2 - EMS		(MOTORCYCLE SIDE CAR)	1 - NOT EJE	vertibalism production in		H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE		ELECTRON	IIC DEVICE		1 - NONE 2 - BLOOD		
3 - POLICE 9 - OTHER / UNI	(NOWN	8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED)	M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MIT		- PASSENGE - OTHER DIS			3 - URINE		
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP			N - TANKER		10 - LIMITED TO DAY		LY	INSIDETH	E VEHICLE STRACTION (4 - BREATH 5 - OTHER	l	
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	T	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TARCYCL F	11 - LIMITED TO EMI 12 - LIMITED - OTHE			THE VEHIC	CLE	0013101		STEET.	TVDE
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA			S - SCHOOL BUS	J. 101101022	13 - MECHANICAL D (SPECIAL BRAK		9-	- OTHER / UI	NKNOWN		1 - NONE	TEST	TIPE
3 - LAP BELT OF 4 - SHOULDER &	LAP BELT USED	PICK-UP WITH CAP) 2 - EXTRICATED BY 12 - PASSENGER IN UNENCLOSED MECHANICAL MEA			AL MEANS T - DOUBLE & TRIPLE TRAILERS CONTRO			CONTROLS, OR O	CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION			2 - BL00D		
5 - CHILD REST FORWARD FA	RAINT SYSTEM - ACING	CARGO AREA 13 - TRAILING UNIT	WEUTANICAL WEARS				14 - MILITARY VEHI	CLES ONLY	LES ONLY 2 - PHY		PPARENTLY NORMAL HYSICAL IMPAIRMENT		3 - URINE 4 - OTHER			
	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						15 - MOTOR VEHICLE AIR BRAKES	-		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			DRUG TI	EST RE	SULT(S)
7 - BOOSTER SE		15 - NON-MOTORIST						16 - OUTSIDE MIRRO		4- ILLNESS				1 - AMPHETAMINES		
8 - HELMET US		99 - OTHER / UNKNOWN					18 - OTHER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITI 3 - BENZOD		ES		
9 - PROTECTIVE (ELBOW, KN	EES, ETC.)								6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS				
10 - REFLECTIVE 11 - LIGHTING -									/ ALCOHOL 9- OTHER / UNKNOWN				5 - COCAINE 6 - OPIATES / OPIOIDS			
	BICYCLE ONLY									, January Sandrown				7 - OTHER 8 - NEGATIVE RESULTS		
,, - OTTLK / UNI													O-NEGALL	AE KEPAI	.13	

Ũ	OHIODEPARTMENT OCCUPANT / WITNESS ADDENDUM								- 0 0	RT NUMBER	1 0	7			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	AGE	GENDER					
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
00	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
i	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
OCCUPAN	ADDRESS:	: STREET, CITY,	STATE, ZIP				CONTACT PHONE								
٥	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facili	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
Ì	UNIT#	NAME: LAS	T, FIRST, MIDDLE		DATE OF BIRTH AGE GEND										
ANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN															
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facili	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
Ì	UNIT#	NAME: LAS	T, FIRST, MIDDLE		DAT	E OF BIRTH		AGE	GENDER						
ANT	ADDRESS:	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT								1 1		<u> </u>					
Ĭ	INJURED TAKEN BY EMS AGENCY (NAME)				INJURED TAKEN TO: M edical F acily	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
i		INJU	JRIES	SAFETY	/ EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA	A L		1 - NONE US			T – LEFT SIDE								
	4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 4 - SHOULDE				ER BELT ONLY USED	ORCYCLE DRIV T – MIDDLE	EK)	2 - DEPLOYED FRONT							
					TONLY USED		T – RIGHT SIDE ND – LEFT SIDE		3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE						
					ER & LAP BELT USED	(MOT	ORCYCLE PASS								
		INJURED	TAKEN BY	5 - CHILD RE FORWARI	STRAINT SYSTEM – D FACING		ND – MIDDLE ND – RIGHT SII)E	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN						
					STRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE	CAR)	7- BEI EO						
						8 - THIR	D – MIDDLE		1 - NOT EJ	EJECTI ECTED	UN				
	3 - P0LI	ICE		8 - HELMET	USED		D – RIGHT SIDE PER SECTION (2 - PARTIALLY EJECTED						
	9 - OTHI	ER/UNKNO	OWN		IVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALLY EJECTED						
					IVE CLOTHING	O AREA (NON-TE PICK-UP WITH CAI		4 - NOT APPLICABLE							
				11 - LIGHTING / BICYCLI	G – PEDESTRIAN		ENGER IN UNE 10 AREA	NCLOSED	1 - NOTTR	TRAPPI	ΞD				
				99 - OTHER / I			LING UNIT	EVTEDIOD	2 - EXTRICATED BY MECHANICA			CAL			
						14 - RIDING ON VEHICLE (NON-TRAILING UNIT)		EXIERIUR	MEANS 3 - FREED BY NON-MECHANIO			241			
	15 - NON 99 - OTH								MEANS		CHANIC	AL			
SS		ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER F			
WITNESS		TERESA: STREET, CITY,	STATE, ZIP					O 9 / O CONTACT PHONE			5 3	<u> </u>			
M			CREST CT NEWAR	RK, OH 4305	5				1 1		1 1				
vo.	NAME: LAS	ST, FIRST, MIDD	LE					DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
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ESS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
									I						