OHIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER*						
DH-2 LOCAL INFORMATION								2	0 2	4 -	0 0	0 0	1837		
PHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME*							NCIC* 4 5 0 7		HIT/SKII			OF UNITS	UNIT IN ERROR  O 1 98 - ANIMAL		
SECONDARY CRASH   PRIVATE PROPERTY   Heath PD							4307		J 2 - UNS	OLVED	0 MF*		PASH SEVERITY		
4 5 1 1 2-VILI			1	2620			I	1 - FATAL							
ROUTE TYPE ROUTE NUMB		ROAD TYPE				MAL DEGRE		2 - SERIOUS INJURY SUSPECTED							
S R P PREFIX 1- NORTH LOCATION ROAD NAME 2 - SOUTH 3 - EAST 4 - WEST								4.0	0,03	3 1 4	I 1 4	<b>.</b>	3 - MINOR INJURY SUSPECTED		
ROUTE TYPE ROUTE NUMBI	ER PREFIX 1-		EFERENCE ROA	D NAME (ROAD,	MILEPOST, HO	OUSE #)	ROAD TYPE	1			IMAL DEGRE		4 - INJURY POSSIBLE		
ROUTE TYPE ROUTE NUMBI	3 -	220000000000000000000000000000000000000	0th				ST	-82	4	3 7 8	3 2 0		5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE	ar IR - I	ROUTE TYPE		- ALLEY	ROAD TYPE HW - HIGHWAY	RD - ROAD					CTION RELA			
1 2-MILE POST 2-SOUTH US-FEDERAL US ROUTE AV - AVENUE							SQ - SQUARE ST - STREET	K	WITHII	NINTER	SECTION	I OR ON APPE	4		
DISTANCE DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL								K	IIHTIW	N INTER	CHANGE	77.1	UMBER OF APPROACHES		
	INIT OF MEASURE 1 - MILE	S TR - N	UMBERED TOW!	CT	- COURT - DRIVE	PK - PARKWAY	TL - TRAIL WA - WAY					ADWAY			
	DR - DRIVE PI - PIKE WA - WAY    L   J   S - YARDS   ROUTE   DR - DRIVE PI - PIKE WA - WAY    HE - HEIGHTS PL - PLACE   ROADWAY DIVIDED														
LOCATION OF 1 - ON ROADWAY	FIRST HARME	UL EVENT				COLLISION/IMI		DIREC	CTION OF				DIAN TYPE		
0 1 2-ON SHOULDER	10-D	RIVEWAY/A	LLEY ACCESS	€ BET	WEEN 5	- BACKING	Z	1	1 - NC 1 2 - SO		4	( < 4 FE			
3 - IN MEDIAN 4 - ON ROADSIDE	12-S	HARED USE	ADE CROSSING PATHS OR	VEH	IICLES IN 6	- ANGLE - SIDESWIPE, SA	AME DIRECTION		3 - EA 4 - WE			(≥4 FE			
5 - ON GORE 6 - OUTSIDE TRAFF	10.0	RAILS IKE LANE		2 - REA 3 - HEA		- SIDESWIPE, 0F - OTHER / UNKN						4 - DIVIDE	D, DEPRESSED MEDIAN D, RAISED MEDIAN		
7 - ON RAMP 8 - OFF RAMP	14-T	OLL BOOTH THER/UNK	NOWN									(ANY T 9 - OTHER	YPE) /UNKNOWN		
	1		WORK ZONE TYI	PE	LOCATIO	N OF CRASH IN V	VORK ZONE	(	CONTOUR	2	COI	NDITIONS	SURFACE		
WORK ZONE RELATED  WORKERS PRESENT		1 - L	ANE CLOSURE			BEFORE THE 1S WARNING SIGN	T WORK ZONE		1	ı	Ĭ	<b>1</b>	2		
LAW ENFORCEMENT F	DDESENT I	, 3-W	ANE SHIFT/CROS ORK ON SHOULD		14 Nati	ADVANCE WARN	IING AREA	1 - ST	RAIGHT L	EVEL	1 - DRY		1 - CONCRETE		
EAW ENTONGEMENT	NESENT E		R MEDIAN ITERMITTENT O	R MOVING WORK		TRANSITION AR ACTIVITY AREA	ΕA	1	RAIGHT		2 - WET 3 - SNOW		2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL ZONE	2	5 - 0	THER		5 -	TERMINATION A	AREA	1	RVE LEV RVE GRA		4 - ICE		ASPHALT 3 - BRICK/BLOCK		
<b>LIGHT CON</b> 1 - Daylight	DITION		1 - CL	WEATH	ER 6 - SNOW			9 - OT	HER/UNK	NOWN :		MUD, DIRT, RAVEL	4 - SLAG, GRAVEL, STONE		
3 2 - DAWN/DUSK			<b>01</b> 2 - CL	OUDY	7 - SEVERE	CROSSWINDS				- 1	6 - WATE MOVII	R (STANDING	H CONTROL N		
3 - DARK – LIGHTEI 4 - DARK – ROADWA		D	3 - F0 4 - RA			G SAND, SOIL, DII G RAIN OR FREE					7 - SLUSI		9 - OTHER/UNKNOWN		
5 - DARK – UNKNOW 9 - OTHER / UNKNOW		IGHTING	5 - SL	EET, HAIL	99 - OTHER/	UNKNOWN					9 - OTHEI	R/UNKNOWN			
NARRATIVE	25/25/2						I I I	I.					Indicate the north		
Unit#1 traveled	d Northb	ound	on SR 79	in the rig	jht							$-\langle$	direction with an "N" on the		
lane, approachi	_				_			Scene	PD ™ - Evaluat	tion Edition			compass diagram.		
legal U-Turn fro							Evaluatio Evaluation Edition	Eva on Edition	aluation Edition						
SR79 at Oberlin			illed to st	top for a	red	Evaluation Edition	State	Route 79		Evaluation Ed	Evaluatio	n Edition N	Edition		
inglic allu Struck	Cont #2					Evaluation Edition	Evaluation Evaluation Edition	on Edition	awaron Edition			Not To Scal			
	Oberlin Drive  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition														
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Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition															
						Evaluation Edition	Evaluation Evaluation Edition	on Edition							
CRASH REPORTED DAT	E/TIME	D	SPATCH DATE /	TIME	ARF	IVAL DATE / TIM	IE		ENE CLE		ATE / TIN	/E	REPORT TAKEN BY		
02262024	0,6,2,3	0 2 2 6	2024	0624	0 2 2 6 2	2024	06310	22	6 2 0	2 4	0,6	549	Y POLICE AGENCY		
	OTHER	TOTAL MINUTE	OFFICER'S	S NAME*			CHECKED BY OFFI	ICER'S		, !			MOTORIST		
1114 231		MIMOIE	Smar	OFFICER'S BA	DGE NUMRFR				CER'S B	ADGE NI	UMBER*		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)		
6 0	1 1	6 0	0	7   -	1 1 3		0 7	-		1	4	5			

OHIO DEI OF PUBL SAFETY - SERV	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST								2 0 2 4 - 0 0 0 0 1 8 3 7							
UNIT #									DATE OF BIRTH AGE GENI							
0 1	HARVEY, ISAIAH KRISTIAN : STREET, CITY, STATE, ZIP							0 9 / 1 7 / 2 0 0 6 1 7 M								
2	ST BUCKEYE LAKE, OH 43008								CONTACT PHONE - INCLUDE AREA CODE							
<u> </u>	,							SAFETY EQUIPMENT SEATING POSITION AIR BAG USAGE   EJECTION							TRAPPED	
NON 5	TAKEN BY	TAKEN				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT USED  O 4				DOT-COMPLIANT O 1			1 1 1			
OL STATE	OPERATOR L	OPERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL CODE				SCRIPTION			TION N	UMBER		
E O H		<b></b>						313.01			138	138022624001				
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER Tracted		DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS	ALCOHO TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4	
4			BY 	1		THER DRUG	KIJUANA	1	1	1_	• ———	<b>_1</b>	1			
UNIT #	NAME: LAST, FIRST, MIDDLE									D/	ATE OF BIRTH			AGE	GENDER	
0 2	2 WILKINSON, PATRICK FITZGERA								0 6 / 2 9 / 1 9 7 2 5 1 M					M		
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTA	CT PHON	IE - INCLUDE AREA	CODE	<b>-</b>			
94 N 22		WARK, OH 43055											ш			
INJURIES 5	INJURED I TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO			: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT SEATING			ON AIR BA			TRAPPED .	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED			LOCAL	OFFENSE DESC	CRIPTION			CITA	CITATION NUMBER			
<b>В</b> О Н					CODE											
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELE					
4				ALCOHOL MARIS  1 OTHER DRUG			RIJUANA	1 1	1 ,	1	1 1 1 1	1 ,	1			
UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH					AGE	GENDER	
										1 1 1	1 1					
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE					
										1		1	ш			
INJURIES	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-COMPLIAN		ON AIR BA	G USAGE	EJECTION	TRAPPED	
OL STATE				OFFENSE CHARGED LOCAL O				OFFENSE DESC					CITATION NUMBER			
									NII 110N							
ol Class	ENDORSEMENT RESTRICTION SELECT U					CONDITION	ALCOHOL TEST STATUS   TYPE   VALUE   :			CTATUC	DRUG TEST(S) STATUS   TYPE   RESULT SELECT UP TO 4					
	SELECT UP TO 2		BY	TRACTED	=	_	RIJUANA		STATUS	ITTE	VALUE	STATUS	ITTE	KESULI	SELECT UP TO 4	
TNIII	JRIES	SEATING POSITION		AIR BAG	0	THER DRUG OL CLAS	•	OL RESTRIC	TION(S)		• LUISTRA	TION		EST STA	THE	
1 - FATAL	JRIES	1 - FRONT – LEFT SIDE	1 - NOT DE			1 - CLASS A	3	1-ALCOHOL INTER			OT DISTRACTED	FITUN		E GIVEN	105	
	SERIOUS INJURY	(MOTORCYCLE DRIVER)  2 - FRONT – MIDDLE	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT			MANUALLY OPERATI			REFUSED		
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOY 4 - DEPLOY	ED SIDE ED BOTH FRO	ONT / SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	0	EVICE (TEXTING, T'			F GIVEN, CON PLE / UNUSA		
5 - NO APPAREN	NT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP			(0HI0 = D)		5 - EXCEPT CLASS		3-T	ALKING ON HANDS-				ULTS KNOWN	
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	A		OMMUNICATION DE ALKING ON HAND-H			r given, res Nown	ULI3	
1 - NOT TRANSP /TREATED A		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	5	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO			OMMUNICATION DE		ALC	DHOL TES	T TYPE	
2 - EMS	1 SCEIVE	(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT	W-W	8 - INTERMEDIATE RESTRICTIONS	LICENSE		LECTRONIC DEVICE		1 - NON			
3 - POLICE	alouni	8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	RMIT		ASSENGER		2 - BL00 3 - URIN			
9 - OTHER / UNK	KNUWN	10 - SLEEPER SECTION	EJECTED P - PASSENGER			10 - LIMITED TO DAYLIGHT ONLY		γ I	7 - OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREATH					
1 - NONE USED	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	Т	RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EM 12 - LIMITED - OTHE			THER DISTRACTION HE VEHICLE	OUTSIDE	5 - OTHI			
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA			R - THREE-WHEEL MC S - SCHOOL BUS	OTORCYCLE	13 - MECHANICAL D	EVICES	9-0	THER / UNKNOWN		1 - NON	UG TEST	TYPE	
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 12 -		PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED CARGO AREA  2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY			ED BY			CONTROLS, OR C	(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION			1 - NUNE 2 - BLOOD		
5 - CHILD RESTRAINT SYSTEM -								ADAPTIVE DEVI 14 - MILITARY VEHI		1 ATTAICEITET WORMAL			3 - URINE 4 - OTHER			
FORWARD FA	ACING RAINT SYSTEM –	14 - RIDING ON VEHICLE EXTERIOR	- RIDING ON VEHICLE EXTERIOR			CHARLORE MEANS			S WITHOUT 3 - EMOT		MOTIONAL (E.G., DEP				SIII T(S)	
REAR FACIN	G	(NON-TRAILING UNIT) 15 - NON-MOTORIST					AIR BRAKES 16 - OUTSIDE MIRRO	)R		IGRY, DISTURBED) LNESS		DRUG TEST RESULT(S)  1-AMPHETAMINES				
7 - BOOSTER SE 8 - HELMET US		99 - OTHER / UNKNOWN							17 - PROSTHETIC AID			ED,	2 - BARI	BITURATES		
9 - PROTECTIVE (ELBOW, KNI	E PADS USED							18 - OTHER	6- U	FATIGUED, ETC. 6- UNDER THE INFLUENCE			ZODIAZEPIN NABINOIDS	ES		
10 - REFLECTIVE										OF MEDICATIONS / DRUGS /ALCOHOL			4 - CANNABINOIDS 5 - COCAINE			
11 - LIGHTING - / BICYCLE OF									9- OTHER / UNKNOWN				6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTHER / UNK														EK ATIVE RESU	LTS	

Ũ	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM								- 0 0	RT NUMBER	8 3	7			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE		DATI	GENDER									
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
90	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility (NAME, CITY)  SAFETY EQUIPM USED  L			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
i	UNIT #	NAME: LAS	T, FIRST, MIDDLE		DATI	E OF BIRTH		AGE	GENDER						
					1 1 1										
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE								
٥	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: <b>Medical Facili</b>	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	EJECTION	TRAPPED					
Ì	UNIT#	NIT # NAME: LAST, 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: <b>Medical Facili</b> t	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
Ī	UNIT#	IT # NAME: LAST, FIRST, MIDDLE							E OF BIRTH		AGE	GENDER			
PANT	ADDRESS	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT									1 1		<u> </u>				
Ĭ	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
i		INJU	JRIES	SAFETY	/ EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA	AL		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			3 - DEPLOYED SIDE 4 - DEPLOYED BOTH					
					ER & LAP BELT USED	(MOT	ORCYCLE PASS		FRONT/SIDE						
		INJURED	TAKEN BY	5 - CHILD RE FORWARI	STRAINT SYSTEM – D FACING		ND – MIDDLE ND – RIGHT SII	ÞΕ		5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN					
		TRANSPOR		6 - CHILD RE	STRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE	CAR)	7- BEI EO						
	/TREATED AT SCENE REAR FACE 2 - EMS 7 - BOOSTER					8 - THIR	D – MIDDLE		1 - NOT EJ	EJECTI ECTED	UN				
	3 - P0L1	ICE		8 - HELMET	USED		D – RIGHT SIDE PER SECTION (		2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED						
	9 - OTHI	ER/UNKNO	OWN		IVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTH	ER ENCLOSED							
					IVE CLOTHING		O AREA (NON-TE PICK-UP WITH CAI		4 - NOT AP						
				11 - LIGHTING / BICYCLI	G – PEDESTRIAN		ENGER IN UNE O AREA	NCLOSED	1 - NOTTR						
				99 - OTHER / I			LING UNIT IG ON VEHICLE	EXTERIOR 2 - EXTE		ATED BY M	CAL				
						(NON-	TRAILING UNIT)	EXTERIOR	MEANS 3 - FREED BY NON-MECHANI			CAL			
							MOTORIST R/UNKNOWN		MEANS		CHANIC	i.L			
SS		ST, FIRST, MIDD							E OF BIRTH		AGE	GENDER M			
WITNESS		R, JASON  : STREET, CITY,						CONTACT PHONE			3 9				
M			T LOUISVILLE, OH	43071					1 1		1 1				
ω.	NAME: LAS	ST, FIRST, MIDD	LE					DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
_															
ESS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
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