OF PUBLIC STATES TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT											LC	CAL RE	PORT N	JMBER*	•				
□ OH-2 □ OH-3 LOCAL INFORMATION									2	0 2	4 -	0 (0 (0 2	127				
PHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME*							N	ICIC*	HIT/SKIP NUMBER OF UNITS						UNIT IN ERROR				
SECONDARY CRASH	PRIVATE PI	ROPERTY	leath PD 0 4 5 0 7						1 - SOLVED										
COUNTY* LOCALITY*						DATE / TI	ME*		CRASH SEVERITY										
4 5 1 2 3	03042024, 1343, 5 1- FATAL 2- SERIOUS INJURY																		
ROUTE TYPE ROUTE NU		F	ROAD TYPE		LATIT	UDE DECI	MAL DEGRE	ES		SUSPECTED									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST FIELDPOINT							L	R D	4.0	0.0	3 6 2	2 1 7	<u> </u>		MINOR INJURY SUSPECTED				
ROUTE TYPE ROUTE NU	, MILEPOST, H	DUSE #)	F	ROAD TYPE		LONGI	TUDE DEC	IMAL DEGR	EES		INJURY POSSIBLE								
ROUTE TYPE ROUTE NU		L	1 1	-82	2,4	3 4 8	3 9 (PROPERTY DAMAGE ONLY									
REFERENCE POINT	DIRECTION FROM REFERENCE	ROAD TYPE	-				II	NTERSE	CTION R	ELATED									
1 - INTERSECTION 2 - MILE POST	HW-HIGHWAY		- ROAD - SQUARE	WITHIN INTERSECTION OR ON APPROACH															
3- HOUSE #	MP - MILEPOS		- STREET	П	WITHI	N INTER	CHANGE	AREA	NUME	BER OF APPROACHES									
DISTANCE FROM REFERENCE											ROADWAY								
a nom ner exeroe	FROM REFERENCE UNIT OF MEASURE 1 - MILES 2 - FEET ROUTE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY										ROADWAY DIVIDED								
		ᆜ			1														
LOCATIO 1 - ON ROADWA	LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COL 1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION 4 - RE.										TRAVEL		MEDIAN TYPE						
9 9 2-0N SHOULD	- BACKING	10,000(0)				ORTH DUTH	L	1 - DIVIDED FLUSH MEDIAN (<4 FEET)											
3 - IN MEDIAN 4 - ON ROADSII	HOLLS IN	- ANGLE '- SIDESWIPE	E, SAME D	IRECTION		3 - E <i>i</i> 4 - W			2 - DIVIDED FLUSH MEDIAN (≥4 FEET)										
5 - ON GORE TRAILS 2 - REAR-END 8 - SIDESWIPE, OPPOSITE DI										4-00	LSI				EPRESSED MEDIAN AISED MEDIAN				
7 - ON RAMP 14-TOLL BOOTH													(A)	(ANY TYPE)					
8-OFF RAMP 99-OTHER / UNKNOWN													R/UNKNOWN						
WORK ZONE RELA	TED		WORK ZONE TY I INE CLOSURE	PE		N OF CRASH : BEFORE THE			CONTOUR			CONDITIONS			SURFACE				
WORKERS PRESEN	NT		NE SHIFT/CROS	SSOVER		WARNING SI	IGN		3 1										
LAW ENFORCEME	NT PRESENT L		ORK ON SHOULD : MEDIAN	DER	74 Nati	ADVANCE WA		AKEA	1 - STRAIGHT LEVEL 1 - DRY 2 - STRAIGHT GRADE 2 - WET					1 - CONCRETE 2 - BLACKTOP,					
ACTIVE SCHOOL Z	ONE	4 - IN 5 - OT		R MOVING WORK	75	ACTIVITY AR			3 - CURVE LEVEL 3 - SNO				t .	BITUM ASPHA					
		5-01	nek .			TERMINATIO	IN ARLA	1:	IRVE GRA	ADE .	2008 00								
LIGHT (1 - DAYLIGHT	CONDITION		1 - CL	WEATH FAR	ER 6 - SNOW				9 - 0TI	HER/UNK	KNOWN :		, MUD, DI RAVEL	RT,	4 - SLAG, GRAVEL, STONE				
1 2 - DAWN/DUSK			01 2-CL	OUDY	7 - SEVERE	CROSSWINDS					- 1	6 - WATE MOVI	R (STANI	DING,	5 - DIRT				
3 - DARK – LIGH 4 - DARK – ROAI	HIED ROADWAY DWAY NOT LIGHT	ED	3 - F0 4 - RA	G, SMOG, SMOKE IN		G RAIN OR FE						7 - SLUS			9 - OTHER/UNKNOWN				
5 - DARK – UNK 9 - OTHER / UNI	99 - OTHER	UNKNOWN						9 - OTHE	R/UNKNO	WN									
NARRATIVE	KNOWN	-										11		-4	York and the second				
Unit 1 was dr	riving East	on Fie	ldpoint R	d East	of										Indicate the north direction with an "N" on the				
Putnam Rd. U	_		-	-		H									compass diagram.				
						_			Eva	PD ™ - Evalua									
and drove off the road to the right. Unit 1 then struck a street sign. Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition																			
							Ž_	Evaluation		aluation Edition			en Edition						
				Evaluation Ed		t To Scale			Fieldpoint	Fuelment	Eval	ation Edition							
	Evaluation	Evaluation Edition Evaluation Edition																	
		Evaluation Edition Evaluation Edition Unit 1 Evaluation Edition Evaluation Edition																	
		Evaluation Edition Evaluation Edition Exercises Street sign struck and under the vehicle																	
			Evaluation Ed		***	221 Fi	ieldpoint rd		Evaluatio	Eval	uation Edition								
Evaluation Evaluation Edition Evaluation Edition																			
						Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition													
Evaluation Edition Evaluation Edition Evaluation Edition																			
	Evaluation Ed	Trancite (877) 908-4777																	
CRASH REPORTED	RIVAL DATE /								177.00	PORT TAKEN BY POLICE AGENCY									
03042024 1343 03042024 1343 03042									MOTORIST										
TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES Harlow													SUPPLEMENT						
OFFICER'S BADGE NUMBER*							+_		CHECKED BY OFFICER'S BADGE NUMBER* TO AN EXISTING REPORT S						(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				
0 , , , 2	2,0,,,	3 9	0	7 -	, 1 , !	5 , 4	0	7		·	1	3	8	1					

J FIRST HARMFUL EVENT

2

■ MOST HARMFUL EVENT

0F 3

2 5

OHIO DEF OF PUBLI SAFETY - SERVI	CHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST									2		O O		_	1 2	7	
UNIT # NAME: LAST, FIRST, MIDDLE									D	ATE OF	BIRTH		T	AGE	GENDER		
0 1 EWBANK, LESLIE A							0 1	, / _, 0	,2 ,/	/ 1 9	6 0		6 4	F			
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE																	
247 COI	NCORD AV	/E HEATH, OH 43056															
INJURIES	URIES INJURED EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPY USED						T-Compli	NT _	NG POSITION		USAGE			
_5	BY							0 4	MC HELMET 0 1				4	1 1 1			
OL STATE				OFFEN	SE CHAI	RGED	CODE	OFFENSE DESC	RIPTION	N		CITAT	CITATION NUMBER				
O H OL CLASS	ENDORSEMENT	UPTO3 DRIVER ALCO			HOL / DRUG SUSPECTED		CONDITION		AL COHO	DL TEST		DRUG	G TEST(S)			
UL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED			RIJUANA	CONDITION	STATUS		VAL		STATUS	TYPE		SELECT UP TO 4	
			_	1	🗖 ∘	THER DRUG		5	1	1			1	1		لـــالـــا	
UNIT#	NAME: LAST,	FIRST, MIDDLE	'	· ·				•		D	ATE OF	BIRTH			AGE	GENDER	
ADDRESS:	STREET, CITY, ST	TATE, ZIP							CONTA	ACT PHO	NE - INCL	UDE AREA CO	ODE	•		•	
								_									
INJURIES	TAKEN	EMS AGENCY (NAME)	INJURED TAKEN TO:			: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		T-Compli	ANT			USAGE	EJECTION	TRAPPED	
	BY								MC HELMET								
OL STATE	STATE OPERATOR LICENSE NUMBER			OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	1				CITATION N			
	ENDODOEMENT	DESTRUCTION				/		0000000000		VI CUHU	COHOL TEST			חוומת	G TEST(S)	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	DISTRACTED		HOL / DRUG SUSPECTED LCOHOL MARIJUANA		CONDITION	STATUS	TYPE	YPE VALUE			TYPE		SELECT UP TO 4	
					=	THER DRUG				لـــاا						لـــالـــالـــ	
UNIT # NAME: LAST, FIRST, MIDDLE			'							DATE OF BIRTH			AGE	GENDER			
									ш		1 1						
	STREET, CITY, ST	TATE, ZIP							CONTA	ACT PHO	NE - INCL	UDE AREA CO	DDE	'		•	
												1	1 1				
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-Complia	ANT	NG POSITION	AIR BAG	USAGE	EJECTION	TRAPPED	
	BY	105N05 NUMBER	0555005 004			RGED LOCAL		OFFENCE DECC	MC HELMET						<u> </u>		
OL STATE	OL STATE OPERATOR LICENSE NUMBER				OFFENSE CHARGED			OFFENSE DESC	RIPTION			CITATION NUMBER					
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UD TO 2 NOT	VER	AL C	DHOL / DRUG SUSP	ECTED	CONDITION		ALCOHO	L TEST			DRU	G TEST(S)	
UL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED			RIJUANA	CONDITION	STATUS		VAL		STATUS	TYPE	RESULT	SELECT UP TO 4	
					0	THER DRUG					• 📖						
INJU 1-FATAL	RIES	SEATING POSITION 1-FRONT - LEFT SIDE	1 - NOT DEP	AIR BAG		OL CLAS	S	OL RESTRIC 1-ALCOHOL INTER			NOT DISTR	ISTRACT	TION		EST STA	TUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT		2 -	MANUALLY	OPERATING			T REFUSED		
3 - SUSPECTED MINOR INJURY		2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	ED SIDE 3 - CLASS C					3 - CORRECTIVE LENSES 4 - FARM WAIVER			IC COMMUN EXTING, TYP						
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		4 - SECOND - LEFT SIDE	ED BOTH FRONT / SIDE 4 - REGULAR CLASS PLICABLE (OHIO = D)				4 - FARM WAIVER 5 - EXCEPT CLASS		DIALING)	N HANDS-FR	FF	E 4-TEST GIVEN, RESULTS KNOW					
INJURED TAKEN BY		(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE	MENT UNKNOWN 5 - M/C MOPED ONLY 6 - NO VALID OL				6 - EXCEPT CLASS	А	COMMUNICATION DEVI 4 - TALKING ON HAND-HEL			LINKNOWN			ULTS		
1 - NOTTRANSP	ORTED	6 - SECOND - RIGHT SIDE						& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER			N HAND-HEL CATION DEVI				ST TYPE	
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION CTED		OL ENDORSE	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		OTHER ACT	IVITY WITH	AN	1 - NON			
3 - POLICE	3 - POLICE 8 - THIRD - MIDDLE		2 - PARTIALLY EJECTED			M - MOTORCYCLE 9 - LEARNE			MIT		PASSENGE			2 - BLOOD 3 - URINE			
7-UITER/UNKNUWN		9 - THIRD – RIGHT SIDE 10 - SLEEPER SECTION	3-TOTALLY EJECTE						RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY			TRACTION E VEHICLE		4 - BREATH			
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EM		8 -	OTHER DIS	TRACTION 0	UTSIDE	5 - OTH	ER		
1 - NONE USED 2 - SHOULDER F	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	PPED		R - THREE-WHEEL MO	OTORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D			OTHER / UN				UG TEST	TYPE	
3 - LAP BELT ONLY USED PICK-UP		PICK-UP WITH CAP)	2 - EXTRICATED BY			S - SCHOOL BUS T - DOUBLE & TRIPLETRAILERS (SPECIAL BR. CONTROLS, 0)			ES, HAND		CONDITION			1 - NONE 2 - BLOOD			
4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCU 5 - CHILD RESTRAINT SYSTEM – CARGO AREA		12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY			X - TANKER / HAZMAT ADAPTIVE DE 14 - MILITARY VE			CES)		1 - APPARENTLY NORMAL			3 - URINE			
FORWARD FACING 13 - TRAILING UNIT			NON-MECHANICAL MEANS				15 - MOTOR V				2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESS						
REAR FACING (14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)					AIR BRAKES 16 - OUTSIDE MIRRO		ANGRY, DIST				DRUG TEST RESULT(S) 1-AMPHETAMINES				
7 - BOOSTER SE		15 - NON-MOTORIST						17 - PROSTHETIC AII				EP, FAINTED,			PHETAMINES BITURATES		
8 - HELMET US 9 - PROTECTIVE		99 - OTHER / UNKNOWN						18 - OTHER			FATIGUED, I			3-BEN	ZODIAZEPIN	ES	
(ELBOW, KNE	EES, ETC.)									1		TIONS / DRU		4 - CAN 5 - COCA	NABINOIDS AINF		
10 - REFLECTIVE 11 - LIGHTING - I	PEDESTRIAN										OTHER / UN	KNOWN			ATES / OPIOIC)S	
/ BICYCLE OF 99 - OTHER / UNK														7 - 0TH		IT\$	
99 - OTHER / UNKNOWN														8 - NEGATIVE RESULTS			