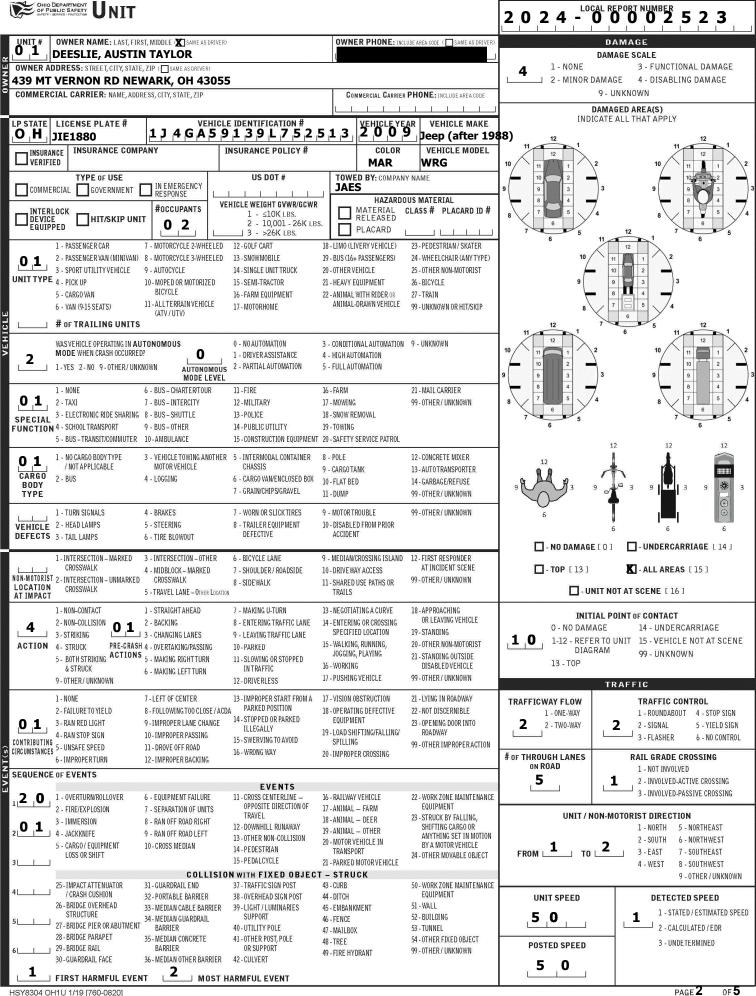
OHIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER*						
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION							2	0 2	4 -	0 0	0 0	2	5 2 3	
SECONDARY CRASH		0 4	NCIC*		HIT/SKI	VED	NUMBER O	OF UNITS	0 2	INIT IN ERROR 98 - ANIMAL				
COUNTY* LOCALITY*		<u>L</u>			L 2 - UNS					H SEVERITY				
4.5 1 1-CITY 03152024 0547 5 1											36	ATAL		
1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		ROAD TYPE		LATIT	UDE DEC	IMAL DEGRE	ES		ERIOUS INJURY USPECTED					
S R 79				3,9	9 9	1 9	1 ,7	<b>,</b>		INOR INJURY USPECTED				
	SE #)	ROAD TYPE				IMAL DEGRE			NJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER	2 - SOUTH 3 - EAST	RIDGLEY	TRACT			RD	-82	2 4	7,7	L <sub>i</sub> 7 <sub>i</sub> 2	2		ROPERTY DAMAGE	
The second secon	RECTION 4 - WEST	ROUTE TYP		•	ROAD TYPE						TION REL		INC.	
1 - INTERSECTION FROM 1 2 - MILE POST 3	2 COLLET	- INTERSTATE ROL				D - ROAD	K	WITHI	NINTER	SECTION	or ON AP	PROACI	+	
3- HOUSE #	J 3-EAST	- FEDERAL US ROI - STATE ROUTE				Q - SQUARE T - STREET	K	WITHI	N INTER	CHANGE	AREA	NUMB	4 ER OF APPROACHES	
	ISTANCE CR	- NUMBERED COU	NTY ROUTE I			E - TERRACE					ADWAY			
	OF MEASURE 1 - MILES TR 2 - FEET	- NUMBERED TOW ROUTE	MCLITO			L - TRAIL VA - WAY		l po a pu	/AV DIVI					
1 0 2	3-YARDS	ROUTE	HE	- HEIGHTS PI	L - PLACE		Ш	RUADV	/AY DIVI	DED				
<b>LOCATION</b> OF <b>FIF</b> 1 - ON ROADWAY	RST HARMFUL EVE 9 - CROSSOVE			NER OF CRASH C	OLLISION/IMPA	СТ	DIRE	CTION OF		1		EDIAN	reares areas	
0 1 2-ON SHOULDER		Y/ALLEY ACCESS	■ BET	ACE E NI	BACKING			1 - NO 1 2 - SO		١.		- DIVIDED FLUSH MEDIAN (<4 FEET)		
3 - IN MEDIAN 4 - ON ROADSIDE		GRADE CROSSING JSE PATHS OR	VEH VEH	ICLES IN 6-7	ANGLE SIDESWIPE, SAMI	DIRECTION	ļ	3 - E/	AST			DED FL FEET )	JSH MEDIAN	
5 - ON GORE	TRAILS		2 - REAI	R-END 8-:	SIDESWIPE, OPPO	SITE DIRECTION		4 - W	E S I				PRESSED MEDIAN ISED MEDIAN	
6 - OUTSIDE TRAFFIC' 7 - ON RAMP	14-TOLL BOO		3 - HEA	D-ON 9-1	OTHER/UNKNOV	۷N					(ANY	TYPE)		
8 - OFF RAMP	99-0THER/U	NKNOWN		T							9 - OTHE	. K/UNK	NOWN	
WORK ZONE RELATED		WORK ZONE TY - LANE CLOSURE	PE		<b>OF CRASH IN WO</b> EFORE THE 1ST \		3	CONTOU	R	COL	IDITIONS		SURFACE	
WORKERS PRESENT	1	- LANE CLUSURE - LANE SHIFT/CRO	SSOVER	W	ARNING SIGN			1	ı	Ĭ	2		_2	
LAW ENFORCEMENT PRE	SENT 3	- WORK ON SHOULI OR MEDIAN	DER	10 Table 100 State 100 Sta	DVANCE WARNIN RANSITION AREA			RAIGHT (		1 - DRY 2 - WET			1 - CONCRETE 2 - BLACKTOP,	
ACTIVE SCHOOL ZONE		- INTERMITTENT o - OTHER	R MOVING WORK	•	CTIVITY AREA ERMINATION ARI	= Λ		JRVE LEV		3 - SNOW			BITUMINOUS, ASPHALT	
		-UINEK			LKWINATION AKI	-A	4 - CU	IRVE GRA	DE	4 - ICE			3 - BRICK/BLOCK	
LIGHT CONDIT	ION	1 - CL	WEATH!	ER 6 - SNOW			9 - OT	HER/UNK	NOWN		MUD, DIR RAVEL	Т,	4 - SLAG, GRAVEL, STONE	
3 2 - DAWN/DUSK		.04 2 - CL	OUDY	7 - SEVERE CF						6 - WATEI MOVII	R (STANDI	NG,	5 - DIRT	
3 - DARK – LIGHTED RO 4 - DARK – ROADWAY N		4 - RA	IG, SMOG, SMOKE IIN		RAIN OR FREEZI					7 - SLUSI			9 - OTHER/UNKNOWN	
5 - DARK – UNKNOWN F 9 - OTHER / UNKNOWN		5 - SL	EET, HAIL	99 - OTHER / U	NKNOWN					9 - OTHEF	R/UNKNOW	/N		
NARRATIVE				т						ŢŢ		- ^	Y	
UNIT 1 WAS DRIV	VING SOUT	H ON SR 7	9. UNIT 2	2 WAS							<		Indicate the north  direction with  an "N" on the	
DRIVING NORTH				<u>_</u>									compass diagram.	
THROUGH THE IN	NTERSECTI	ON AT RID	GELY TR	ACT			Ev	PD ™ - Evalua	tion Edition				_	
RD IN THE LEFT (	CONTINUO	US SOUTH	LANE. UN	NIT 2	Evaluation Edition	Evaluation lation Edition	n Edition					on Edition		
ATTEMPTED TO TURN WEST ONTO RIDGELY TRACT														
RD. UNIT 2 DID N	RD. UNIT 2 DID NOT HAVE A TURN ARROW. UNIT 2 Evaluation Edition Evaluation Edition Evaluation Edition													
AT FAULT FOR RI	GHT OF W	AY WHILE	TURNING	LEFT.	_	Evaluațio	Ev Rolltion	valuation Edition	Evaluation	THE STATE OF THE PARTY OF THE P		//		
					Evaluation Edition  OVERTURN RE	ESTING POSITION	Car.	Unit 1	CIE	Evaluation	Evaluati	on Edition		
				_	ي ي	2 19 Evaluation	n Edition	Sluation Edition	Evaluation Ed	Sition				
					Evaluation Edition		Tour		Evaluation Fo	NEW TO SON		ion Edition		
					Evalu	Evaluation	e Edition	aluation Edition	RIDG	ELY				
					Evaluation Edition			I	TRAC	T RD Evaluation	Evaluati n Edition	ion Edition		
					Evaluation Edition	Evaluation uation Edition		valuation Edition						
004011		DIGDITAL						ancite (877) 90		ATE (	- I			
CRASH REPORTED DATE /1		DISPATCH DATE /	AMERICA .		/AL DATE / TIME	E E 1 1		ENE CLE					PORT TAKEN BY POLICE AGENCY	
03152024 0		52024		0 2 1 2 2		5 5 1 0	$\perp \perp$		4 کے ر	1 0 6	551		NOTORIST	
TOTAL TIME OTH ROADWAY CLOSED INVESTIGAT						eterson		NAME^			ŀ		UPPLEMENT	
				DGE NUMBER*			BY OFF	ICER'S B				()	CORRECTION OR ADDITION AN EXISTING REPORT SENT TO ODPS)	
	T III I	, , 0	7 -	1 5	2	0 7			1	4	5			



OHIO DEF OF PUBLI SAFETY - SERVI	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST								2 0 2 4 - 0 0 0 0 2 5 2 3								
UNIT#									DATE OF BIRTH AGE GENDER								
0 1	DEESLIE, AUSTIN TAYLOR  : STREET, CITY, STATE, ZIP							1 1 / 2 8 / 1 9 9 3 3 0 M									
2	VERNON RD NEWARK, OH 43055									CONTACT PHONE - INCLUDE AREA CODE							
	INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACI							SAFETY EQUIPMENT SEATING POSITION AIR BAG USAGE   EJECTION							TRAPPED		
NON 5	TAKEN BY	TAKEN				USED 0 4			DOT-COMPLIANT O 1			1	1 1 1				
OL STATE	OPERATOR L	PERATOR LICENSE NUMBER 01							RIPTION			CITA	ATION N	IUMBER			
<b>Б</b> О Н					CODE												
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER TRACTED		OHOL / DRUG SUSPE	ECTED RIJUANA	CONDITION	STATUS	ALCOHO TYPE	L TEST VALUE	STATUS		G TEST(S RESULT	SELECT UP TO 4		
4			BY	1	=	THER DRUG	NIJUANA	1	1	1	<b>a</b> l	1	1				
UNIT #	NAME: LAST, FIRST, MIDDLE									D	ATE OF BIRTH			AGE	GENDER		
0 2	HAUENST	TEIN, KIERSTIN SUE							1 1	<b>_/</b> 1	<b>4</b> / <b>1</b>	9 9	<b>.1</b>	3 2	_ F		
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE ARE	A CODE	_				
5520 H		A ROSEVILLE, OH 43	777														
INJURIES 5	INJURED E TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, C			(NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT SEATING POSITION O 1			TON AIR B.		EJECTION 1	TRAPPED 1		
OL STATE				OFFENSE CHARGED LOCAL				OFFENSE DESC					CITATION NUMBER				
ОН					331.17 CODE			331.17						35031524001			
OL CLASS	ENDORSEMENT SELECT UP TO 2							CONDITION	ALCOHOL TEST STATUS   TYPE   VALUE			STATUS	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO				
4	BY			_	1 OTHER DRUG			1	1	1	VALUE	1	1	. INCOOL	00000101104		
UNIT #					OTHER DRUG				DATE OF BIF			الـ	<u> </u>	∟ ∟ AGE	GENDER		
									ļ. ,		1 1 1						
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE										
										1	1 1	1	1				
INJURIES	INJURED E	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		T-COMPLIA		TON AIR B	AG USAGE	EJECTION	TRAPPED		
	BY BY								MC HELMET			_					
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION			CITA	CITATION NUMBER				
M CI 466	ENDORSEMENT	RESTRICTION SELECT	IID TO 3 ND			CTED	CONDITION	ALCOHOL TEST				DRUG TEST(S)					
OL OLASS	SELECT UP TO 2	Nacinating series		TRACTED			RIJUANA	CONDITION	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4		
					0	THER DRUG					• 💷						
INJU 1 - FATAL	IRIES	SEATING POSITION  1-FRONT-LEFT SIDE	1 - NOT DE	AIR BAG PLOYED		OL CLASS 1 - CLASS A	\$	OL RESTRIC 1-ALCOHOL INTER			IVER DISTRA NOT DISTRACTED	CTION	MANUAL DESCRIPTION OF THE PARTY	<b>TEST STA</b> NE GIVEN	TUS		
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT		2-1	MANUALLY OPERAT			T REFUSED			
3 - SUSPECTED		2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLOY		NT / CIDE	3 - CLASS C		3 - CORRECTIVE LE	NSES	1	ELECTRONIC COMM DEVICE (TEXTING, 1			T GIVEN, CON			
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	5 - NOT API	'ED BOTH FRO PLICABLE	IN I / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS		DIALING) FALKING ON HANDS	-FREE			ULTS KNOWN		
INJURED	TAKEN BY	(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE	9 - DEPLOY	MENT UNKN	OWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A	(	COMMUNICATION D	EVICE		IT GIVEN, RES KNOWN	ULTS		
1 - NOTTRANSP	ORTED	6 - SECOND - RIGHT SIDE	_					7 - EXCEPT TRACTO	R-TRAILER	: (	COMMUNICATION D	EVICE	ALC	OHOL TES	ST TYPE		
/TREATED AT 2 - EMS	I SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION ECTED		OL ENDORSEN H - HAZMAT	VIENI	8 - INTERMEDIATE RESTRICTIONS	LICENSE		OTHER ACTIVITY W. ELECTRONIC DEVIC		1 - NON	NE			
3 - POLICE		8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE		LLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	RMIT		PASSENGER		2 - BL0 3 - URI				
9 - OTHER / UNK	(NOWN	10 - SLEEPER SECTION	3 - TOTALLY 4 - NOT API			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONL		OTHER DISTRACTIO INSIDE THE VEHICL		4 - BRE				
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EM			OTHER DISTRACTIO THE VEHICLE	N OUTSIDE	5 - 0TH	IER			
1 - NONE USED 2 - SHOULDER B	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	RAPPED APPED		R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D		9 - 1	OTHER / UNKNOWN			RUG TEST	TYPE		
S EAR BEET ONET COED		PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRICATED BY			T - DOUBLE & TRIPLE	(SPECIAL BRAK CONTROLS, OR C	THER         CONDITION           CES)         1 - APPARENTLY NOTE           CLES ONLY         2 - PHYSICAL IMPAIR           S WITHOUT         3 - EMOTIONAL (E.G.,		CONDITION		1 - NONE 2 - BLOOD					
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM –		CARGO AREA	3 - FREED	EED BY X - TANKER / HAZMAT			ADAPTIVE DEVI					3 - URI					
FORWARD FA	RWARD FACING 13 - TRAILING UNIT						15 - MOTOR VEHICLE AIR BRAKES			EMOTIONAL (E.G., DE		RESSED,					
REAR FACING	G	(NON-TRAILING UNIT)							)R		NGRY, DISTURBED) LLNESS			<b>G TEST RE</b> PHETAMINES	SULT(S)		
7 - BOOSTER SE 8 - HELMET USI		15 - NON-MOTORIST 99 - OTHER / UNKNOWN					16 - OUTSIDE MIRRO 17 - PROSTHETIC AI		5 - FELL ASLEEP, FA				RBITURATES				
9 - PROTECTIVE	PADS USED							18 - OTHER		6- L	ATIGUED, ETC. INDER THE INFLUE			NZODIAZEPIN NNABINOIDS	ES		
(ELBOW, KNE 10 - REFLECTIVE											F MEDICATIONS / D ALCOHOL	RUGS	4 - CAN 5 - COC				
11 - LIGHTING - F	PEDESTRIAN									9-0	THER / UNKNOWN			ATES / OPIOID	S		
99 - OTHER / UNK													7 - OTH 8 - NEG	IER GATIVE RESUI	LTS		

	OHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM							2 0 2 4 - 0 0 0 0 2 5 2 3								
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER							
	01	1 WEST, HANNAH LOUISE							3 / 2 0	_0 _1	2 2	F				
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
			WARK, OH 43055		SEATING POSITION											
٦		INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT		TRAPPED						
٥,		BY 1	Licking Twp Fire				0 4		0 3	1	1	_1				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATI	E OF BIRTH		AGE	GENDER				
Į.	ADDDESS	CTDEET CITY	CTATE ZID	CONTACT PHONE	INOLUDE ADEA OO	L										
OCCUPAN	ADDRESS: STREET, CITY, STATE, ZIP															
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	- DOT Course value	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
Ļ		BY						MC HELMET	لــــــــــــــــــــــــــــــــــــــ		لــــا					
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATI	E OF BIRTH		AGE	GENDER				
	ADDDESS							CONTACT PHONE								
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
		TAKEN BY				,	USED	MC HELMET								
ř	UNIT #	NAME: LAS	T, FIRST, MIDDLE		I			DATI	E OF BIRTH		AGE	GENDER				
NA	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT									1 1							
0	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED				SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
		BY						MC HELMET			لــــا					
	3 FATA		JRIES		Y EQUIPMENT USED		SEATING POS	1T10 N	1 NOT DE	AIR BAG U	SAGE					
	1 - FATA		DIOUS IN HIDV	1 - NONE US VEHICLE	OCCUPANT		T – LEFT SIDE ORCYCLE DRIV	ER)	1 - NOT DEPLOYED 2 - DEPLOYED FRONT							
	4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 3 - LAP BELT ON 4 - SHOULDER &				ER BELT ONLY USED	2 - FRON 3 - FRON	3 - DEPLOYED SID									
					T ONLY USED	4 - DEPLOYED BOTH										
					ER & LAP BELT USED		ORCYCLE PASS	SENGER)	FRONT/SIDE							
		INJURED	TAKEN BY		ESTRAINT SYSTEM – D FACING		ND – MIDDLE ND – RIGHT SII	DE	5 - NOT AP	PLICABLE YMENT UNI	ZNIO)A/NI					
	1 - NOTTRANSPORTED 6 - CHILD RESTRAINT SY						D – LEFT SIDE	0.4.D.)	9- DEPLO							
		EATED AT S	CENE	REAR FA			ORCYCLE SIDE D – MIDDLE	CAR)	1 NOT EL	EJECTI	0 N					
	2 - EMS 3 - POLI			8 - HELMET			D – RIGHT SIDE		1 - NOT EJECTED 2 - PARTIALLY EJECTED							
		ER/UNKNO	OWN		TIVE PADS USED	OF TRUCK CAB ER ENCLOSED	3 - TOTALLY EJECTED									
					KNEES, ETC.)	CARG	O AREA (NON-T	RAILING UNIT,	4 - NOT AP							
	10 - REFLECTIVE CLOTHING  BUS, PICK-UP WITH CA  11 - LIGHTING - PEDESTRIAN  12 - PASSENGER IN UNE															
				/ BICYCL			O AREA		1 - NOTTR							
	13 - TRAILING UNIT 99 - OTHER / UNKNOWN 14 - RIDING ON VEHICL							EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS							
							TRAILING UNIT) MOTORIST			3 - FREED BY NON-MECHANICA						
							R/UNKNOWN		MEANS	i						
		ST, FIRST, MIDD							E OF BIRTH		AGE	GENDER				
14		MALACH						CONTACT PHONE	•		2 9					
M		STREET, CITY,	STATE, ZIP E3 ST NEWARK, O	H 43055				CONTACT PHONE		DE I		, <b>.</b>				
ľ		ST, FIRST, MIDD		<del>-</del>				DATI	E OF BIRTH		AGE	GENDER				
WITNESS																
ΕM	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
١.	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER								
ESS									DATE OF DIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
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