OFFICIAL SAFETY TRAFFIC CRASH	L	OCAL REPORT NUMBE								
□ 0H-2 □ 0H-3	2024-	0000	2791							
	REPORTING AGENCY NAME* Heath PD	0 4	NCIC*	HIT/SKIP 2 1 - SOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATION: CITY	; VILLAGE, TOWNSHIP*		CRASH DATE / TIME* CRASH SE							
4 5 1 1 2-VILLAGE HEATH		03232024 1740 4 1-FATAL								
ROUTE TYPE 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 2 - SOUTH 2 - SOUTH 2 - SOUTH 2 - WEST	30TH		ST	40,028	3 6 1	3 - MINOR INJURY SUSPECTED				
1.1,201	REFERENCE ROAD NAME (ROAD, M	ILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST				-82 4 4 3	5 5 3	5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			NTERSECTION RELAT					
1-INTERSECTION 1-NORTH IR -	20.6		D - ROAD Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH						
3- HOUSE # 3- EAST	I EDENAL OF NOOTE	BOULEVARD MP - MILEPOST S	T - STREET	WITHIN INTE	IMBER OF APPROACHES					
	NUMBERED COUNTY ROUTE I		E - TERRACE L - TRAIL	ROADWAY						
1 - MILES TR -	NUMBERED TOWNSHIP DR -		/A - WAY	ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVENT	MANN	ER OF CRASH COLLISION/IMPAG	ст	DIRECTION OF TRAVE	. MEDI	IAN TYPE				
1 - ON ROADWAY 9 - CROSSOVER 1 - ON SHOULDER 10 - DRIVEWAY/	ALLEY ACCESS - BETW			1 - NORTH		1 - DIVIDED FLUSH MEDIAN (<4 FEET)				
LLL 3 - IN MEDIAN 11 - RAILWAY GI	RADE CROSSING VEHIC	MOTOR CLES IN 6-ANGLE	DIDECTION	2 - SOUTH 3 - EAST	2 - DIVIDED	FLUSH MEDIAN				
5 - ON GORE TRAILS	2 - REAR-	ASSECTION OF A SERVICE ASSESSMENT OF A SERVICE ASSESSM	WIPE, OPPOSITE DIRECTION 4 - WEST 3 - DIVIDED, DEPRESSE							
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 7 - ON RAMP 14-TOLL BOOTH	3 - HEAD-	ON 9-OTHER/UNKNOW	/N		(ANY TY					
8-OFF RAMP 99-OTHER/UN	KNOWN				9 - OTHER/U	JNKNOWN				
WORK ZONE RELATED	WORK ZONE TYPE _ANE CLOSURE	LOCATION OF CRASH IN WO 1 - BEFORE THE 1ST V		CONTOUR	CONDITIONS	SURFACE 2				
WORKERS PRESENT 2-1	ANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNIN	ARNING SIGN							
	WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA		1 - CONCRETE 2 - BLACKTOP,						
	NTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA 5 - TERMINATION ARE	ĒΑ	2 - STRAIGHT GRADE 3 - CURVE LEVEL	BITUMINOUS, ASPHALT					
LIGHT CONDITION	WEATHER			4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK				
1 - DAYLIGHT		6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL					
1 2 - DAWN/DÜSK 3 - DARK – LIGHTED ROADWAY	· · · · · · · · · · · · · · · · · · ·	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	SNOW		6 - WATER (STANDING, MOVING)	G) , S-DIKI				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN	9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN			7 - SLUSH	9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99-01HER/UNKNOWN			9 - OTHER/UNKNOWN					
NARRATIVE						Indicate the north				
UNIT 1 WAS STOPPED AT A F	RED LIGHT.	_			1	direction with an "N" on the compass diagram.				
UNIT 2 PULLED BEHIND UNI	T 1			ScenePD ™ - Evaluation Edition		- Compass diagram.				
ONIT 2 POLLED BEHIND ONI	1 1.	EvaluEvaluation Edition	Evaluation ation Edition	Evaluation Edition Edition						
UNIT 2 STRUCK UNIT 1.					Evaluation Edition Evaluation Edition	ition				
Evaluation Edition										
UNIT 2 FLED THE SCENE. Evaluation Edition Evaluation Edition Evaluation Edition										
Evaluation Edition Evaluation Edition Hebron Road Hebron Road Evaluation Edition Evaluation Edition										
		SR	ation Edition	- Evaluation Edition Edition	Hebron Road SR 79					
Evaluation Edition Support Edition										
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition										
		_		Evaluation E Evaluation Edition	Evaluation Edition	dition				
Evaluation Edition Evaluation Edition										
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED [DATE / TIME	REPORT TAKEN BY				
03232024 1740 032	32024 1745 0	3232024 1	7 5 2 0	3232024	1810	POLICE AGENCY				
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT	OFFICER'S NAME*	Сн		DFFICER'S NAME* SUPPLEMENT						
	GE NUMBER*	Снескей і	KED BY OFFICER'S BADGE NUMBER* (CORRECTION OR ADDITION 10 AM EXISTING REPORT SENT TO ODES							
0 6 0 9 0	0 7 -		0 7	, - , 1 ,	3 0					

J FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

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OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0	2 4	4 - 0 0			7 9	1				
UNIT # 0 1	# NAME: LAST, FIRST, MIDDLE BONNER, SABRINA LEE-FRYE							0 1		ATE OF BIRTH	9 7 .	9 4	AGE 4 5	GENDER F		
ADDRESS:	SS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
<u> </u>	46 N CEDAR ST NEWARK, OH 43055															
INJURIES 4	INJURED TAKEN BY 1	EMS AGENCY (NAME) INJURED TAKEN TO			: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 4		T-COMPLIA HELME		ON AIR BA	G USAGE	EJECTION 1	TRAPPED .		
OL STATE	OPERATOR L	OPERATOR LICENSE NUMBER OFFENSE CHA				RGED	LOCAL CODE	OFFENSE DESC	RIPTION			CITA	CITATION NUMBER			
Б О Н	H_									AL COULO	N TEST		DDUG	TECT/C		
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPE LCOHOL MAF	E CTED Rijuana	CONDITION	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4	
4				1	01	THER DRUG		1	1_	1	•	_1	1			
UNIT # 0 2	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER	
	STREET, CITY, ST.	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
В он																
INJURIES ON THE STATE OF THE ST	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED T				SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING POSITION MC HELMET			ON AIR BA	N AIR BAG USAGE EJECTION TRAPPED			
OL STATE	OPERATOR L	LICENSE NUMBER		OFFENS	OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	CRIPTION			CITA	CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	OHOL / DRUG SUSPE		CONDITION	STATUS	ALCOHO TYPE	L TEST VALUE	STATUS	DRUG TYPE	TEST(S	SELECT UP TO 4	
			BY		=	LCOHOL L MAF THER DRUG	RIJUANA				•					
UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER								
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
ADDRESS:	ADDRESS: STREET, UTT, STATE, ZIP								CONTA		I I	I		1	1 1	
	NJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO:			: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		T-COMPLIA		ON AIR BA	G USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL		OFFENSE DESC		MC HELMET			CITATION NUMBER					
					CODE											
OL CLASS	ENDORSEMENT SELECT UP TO 2			VER TRACTED			CONDITION	STATUS TYPE VALUE		STATUS	STATUS TYPE RESULT SELECT					
						THER DRUG					•	بـــــــا				
INJU 1 - FATAL	RIES	SEATING POSITION 1 - FRONT - LEFT SIDE	1 - NOT DEP	AIR BAG		OL CLASS 1 - CLASS A	S		L RESTRICTION(S) DRIVER DISTR ALCOHOL INTERLOCK DEVICE 1 - NOT DISTRACTED				1 - NONE GIVEN			
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY				2 - CDL INTRASTAT	2-1	2 - MANUALLY OPERATING AN			2 - TEST REFUSED				
3 - SUSPECTED	MINOR INJURY						3 - CORRECTIVE LE		DEVICE (TEXTING, TYPING,			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
4 - POSSIBLE IN		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE			D BOTH FRONT / SIDE 4 - REGULAR CLASS (0HIO = D)			4 - FARM WAIVER	- 1	DIALING)			4 - TEST GIVEN, RESULTS KNOWN			
5 - NU APPAREN	5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - NOT APPLICABLE 9 - DEPLOYMENT UNK				E M/C MODED ONLY			J MEMING ON MINES				CE 5 - TEST GIVEN, RESULTS				
INJURED	TAKEN BY	5 - SECOND - MIDDLE	, 52, 2011	ment onne		6 - NO VALID OL		& CLASS B BUS			TALKING ON HAND-HI		UNKI	NOWN		
1 - NOT TRANSP /TREATED AT	COME 7 THIRD LEST CIDE FLECTION OF ENDORSEMENT				7 - EXCEPT TRACTO	ALCOHOL TEST						T TYPE				
2 - EMS	(MOTORCYCLE SIDE CAR) 1 - NOT EJECTED				H - HAZMAT 8- INTERMEDIATE RESTRICTIONS			LIGHTOL				1 - NONE				
3 - POLICE	8 - THIRD - MIDDLE 2 - PARTIALLY EJECTED			M - MOTORCYCLE 9 - LEARNER'S PER					2 - BLOOD 3 - URINE							
9 - OTHER / UNK	- OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY EJECTED 10 - SLEEPER SECTION 4 NOT ADDUCED F			P - PASSENGER RESTRICTIONS N. TANKED 10 - LIMITED TO DAY		7 - OTHER DISTRACTION INSIDE THE VEHICLE			4 - BREATH							
SAFETY E	SAFETY EQUIPMENT 10 - SLEEPER SCUTON OF TRUCK CAB 4 - NOT APPLICABLE			N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMP		YMENT 8 - OTHER DISTRACTION OUTSIL								
1 - NONE USED	ENCLOSED CARGO AREA			R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTHE			9 - OTHER / UNKNOWN				DRUG TEST TYPE					
	SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAPPED LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATED BY				S - SCHOOL BUS 13 - MECHANICAL DI (SPECIAL BRAK) T - DOUBLE & TRIPLETRAILERS CONTROLS OR O			ES, HAND				1 - NONE				
4 - SHOULDER &	4- SHOULDER & LAF BELL USED 12 THE STEEL S			NICAL MEANS X - TANKER / HA7MAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - /	1 - APPARENTLY NORMAL		2 - BL00D 3 - URINE				
	5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 13 - TRAILING UNIT		3 - FREED B NON-ME	FREED BY NON-MECHANICAL MEANS			14 - MILITARY VEHICLES ONLY		2 - P	2 - PHYSICAL IMPAIRMENT		4 - OTHER				
6 - CHILD REST	6 - CHILD RESTRAINT SYSTEM _ 14 - RIDING ON VEHICLE EXTERIOR						15 - MOTOR VEHICLES WITHOUT AIR BRAKES			3 - EMOTIONAL (E.G., DEPRESS) ANGRY, DISTURBED)		DRUG TEST RESULT(S)				
REAR FACING	REAR FACING (NON-TRAILING UNIT)						16 - OUTSIDE MIRROR			4- ILLNESS		1-AMPHETAMINES				
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN						17 - PROSTHETIC AID		5 - F	5 - FELL ASLEEP, FAINTED,		2 - BARBITURATES				
	9 - PROTECTIVE PADS USED						18 - OTHER			FATIGUED, ETC. 6- UNDER THE INFLUENCE		3 - BENZODIAZEPINES				
(ELBOW, KNE	(ELBOW, KNEES, ETC.)									OF MEDICATIONS / DRUGS			NABINOIDS			
10 - REFLECTIVE 11 - LIGHTING - F											ALCOHOL OTHER / UNKNOWN		5 - COCA 6 - OPIA	AINE .TES / OPIOID	S	
/ BICYCLE ON										7-0	LIV, UNIXIOWN		7 - 0THE			
99 - OTHER / UNK	NOWN													ATIVE RESUL	_TS	