OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*										
PHOTOS TAKEN OH-2 OH-3		2024-	00003	8082							
SECONDARY CRASH	REPORTING AGENCY NAMES		NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN EF							
PRIVATE PROPERTY	Heath PD	l	2 - UNSOLVED								
COUNTY* LOCALITY* 1-CITY 1-CITY 1-CITY HEATH	TY, VILLAGE, TOWNSHIP** ■		CRASH DATE / TIME * CI								
3-TOWNSHIP	LOCATION ROAD NAME		ROAD TYPE		2024 1456 4 2-SERIOUS SUSPEC						
2 - SOUTH	LOCATION ROAD NAME		ROAD TIPE	Control of the Contro	STORY SHAPE STORY STORY	- MINOR INJURY					
1 17 20 1	REFERENCE ROAD NAME (RO	OAD MILEPOST HOUSE #)	ROAD TYPE	40,013		SUSPECTED - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	Kaiser	0AD, MILLE 031, 11003L #/	D R	-82 4 5 7		- PROPERTY DAMAGE					
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATE	ONLY					
1 - INTERSECTION FROM REFERENCE I - NORTH IR	- INTERSTATE ROUTE(TP)	AL - ALLEY HW - HIGHWAY	RD - ROAD	l 53	RSECTION OR ON APPROA						
3 - HOUSE # 3 - EAST	G-FEDERAL US ROUTE	AV - AVENUE LA - LANE BL - BOULEVARD MP - MILEPOST	SQ - SQUARE ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
DISTANCE DISTANCE CR	- STATE ROUTE - NUMBERED COUNTY ROUTE	CR - CIRCLE OV - OVAL	TE - TERRACE								
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR	- NUMBERED TOWNSHIP	CT - COURT PK - PARKWAY DR - DRIVE PI - PIKE	TL - TRAIL WA - WAY	_							
1 5 0 2 2-FEET 3-YARDS	ROUTE	HE - HEIGHTS PL - PLACE		ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVE		MANNER OF CRASH COLLISION/IN		DIRECTION OF TRAVE		N TYPE					
1 - ON ROADWAY 9 - CROSSOVE 0 1 2 - ON SHOULDER 10 - DRIVEWA	V/ALLEY ACCESS 3	NOT COLLISION 4 - REAR-TO-REAR BETWEEN 5 - BACKING TWO MOTOR	AK	1 - NORTH 2 - SOUTH	1 - DIVIDED F (< 4 FEET	FLUSH MEDIAN 「)					
\$27 (0.00) \$4.00(\$2.00(\$	GRADE CROSSING	VEHICLES IN 6-ANGLE	ANGLE 2 - DIVIDED FLUSH M								
5 - ON GORE TRAILS	2-	REAR-END 8 - SIDESWIPE,	OPPOSITE DIRECTION	4 - WEST		DEPRESSED MEDIAN RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOO	тн	HEAD-ON 9-OTHER/UNK	NOWN		(ANY TYP	E)					
8-OFF RAMP 99-OTHER/L	NKNOWN	T			9 - OTHER/UN						
WORK ZONE RELATED	WORK ZONE TYPE - LANE CLOSURE	LOCATION OF CRASH IN 1 - BEFORE THE 1		CONTOUR	CONDITIONS 1	SURFACE					
WORKERS PRESENT 2	- LANE SHIFT/CROSSOVER	WARNING SIG 2 - ADVANCE WAR	N	1 - STRAIGHT LEVEL	1 - DRY	2 1-CONCRETE					
LAW ENFORCEMENT PRESENT	- WORK ON SHOULDER OR MEDIAN	☐ 3 - TRANSITION A	REA	2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP,					
	 INTERMITTENT OR MOVING W OTHER 	VORK 4 - ACTIVITY ARE 5 - TERMINATION		3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT					
LIGHT CONDITION	WE	ATHER		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK					
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		3 - OTHER GIVENOWN	OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SN	7 - SEVERE CROSSWINDS MOKE 8 - BLOWING SAND, SOIL, D	SAND, SOIL, DIRT, SNOW MOVING)								
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FRE 99 - OTHER / UNKNOWN	G RAIN OR FREEZING DRIZZLE 7-SLUSH 9-								
9 - OTHER/ UNKNOWN	3 - SEELI, HAIL	79 - OTHERY GINNIOWN			9 - OTHER/UNKNOWN						
NARRATIVE		_ ii			Ń	Indicate the north					
Unit 2 was legally stopped i						direction with an "N" on the compass diagram.					
SR79 in the right through la		i i		ScenePD ™ - Evaluation Edition	T V	Compass diagram.					
with Kaiser Drive. Unit 1 wa		Unit 2.	Evaluation Evaluation Edition	Evaluation Edition on Edition	<i>]</i> [7]						
Unit 1 was stopped, then dr rear-ended Unit 2.	ove forward and	Evaluation Editio	n	& Aluan &	Evaluation Edition	n ==					
rear-ended Onit 2.		Evaluation Editic	Evaluation Edition Evaluation Edition Evaluation Edition								
			Kaiser Or	Fvaluation Edition	Evaluation Edition	n :					
		Evaluation Editio	Evaluation Solition	on Edition	Fivaluation Edition						
				Evaluation Edition	Evaluation Evaluation Edition						
		Evaluation Editio	Evaluation Edition Evaluation Edition Evaluation Edition								
			[Valuation of the content of the con	Evaluation Edition Evaluation Edition	Evaluation Edition Edition						
		Evaluation Editio	n Evaluation Edition		Evaluation Edition	ın —					
			Evaluation Edition Evaluation Edition Evaluation Edition								
		Evaluation Editio	n	Trancite (877) 908-4777							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TI	5000000000	SCENE CLEARED I		POLICE AGENCY					
04012024 1456 040		8 0 4 0 1 2 0 2 4		04012024	1508	MOTORIST					
TOTAL TIME OTHER TOT ROADWAY CLOSED INVESTIGATION TIME MINU			CHECKED BY OFF.	ICER'S NAME*	片	SUPPLEMENT					
	OFFICER'S	S BADGE NUMBER*	Снескер	BY OFFICER'S BADGE N	IUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
	0 7 -	. 1 5 5	0 7	- 1	3 8						

OHIO DEF OF PUBLI SAFETY - SERVI	CHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						2 0 2 4 - 0 0 0 0 3 0 8 2								
UNIT_#									D	ATE OF BIRTH		T	AGE	GENDER	
01	SOWARDS, TYLER JASON S: STREET, CITY, STATE, ZIP						0 5 / 2 0 / 2 0 0 5 1 8 M								
2		OK DR HEATH, OH 4	3056						CONTA	ACT PHON	NE - INCLUDE AREA	CODE			
INJURIES		EMS AGENCY (NAME)	3030	INJURED	TAKENTO	· MEDICAL FACILITY	(NAME CITY)	SAFETY FOULPMENT			SEATING POSITI	ON ATP RA	G USAGE	EJECTION	TRAPPED
5	TAKEN BY	EMS AGENT (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 1 4					T-COMPLIAI HELMET	NT	1		1	1
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAR	RGED	LOCAL	OFFENSE DESC	RIPTION	l .		CITA	TION NU	JMBER	
ОН					CODE			333.03				155	155040124001		
OL CLASS	ENDORSEMENT SELECT UP TO 2			IVER ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST STATUS TYPE VALUE			STATUS	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO				
. 5	022201 01 102		BY	1		LCOHOL MAI THER DRUG	RIJUANA	1	1	1	***************************************	1	1		022201 01 10 1
UNIT #	NAME: LAST, F	FIRST MIDDLE				INER DRUG					ATE OF BIRTH			AGE	GENDER
0 2	,	COB SETH							1 ,1		6 / 1	9 9 .	6	2 7	М
ADDRESS:	STREET, CITY, STA								CONTACT PHONE - INCLUDE AREA CODE						
7623 W	EAVER RD	ST LOUISVILLE, OH	I 43071												
INJURIES	INJURED E	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		D0	T-Complial	SEATING POSITI	ON AIR BA	ON AIR BAG USAGE EJECTION TRAPPED		
_4		Heath FD					USED 0 4	MC HELMET 0 1			_ _1	1 1 1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL		OFFENSE DESC	RIPTION	I			CITATION NUMBER		•	
OH															
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted	_	DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION	STATUS	ALCOHO TYPE	VALUE	STATUS		RESULT	SELECT UP TO 4
4	 			1	=	THER DRUG	MOOANA	1	1	1	<u>-</u>	1	1		
UNIT#	NAME: LAST, F	FIRST, MIDDLE		<u> </u>				,		D	ATE OF BIRTH			AGE	GENDER
													_		
	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHON	NE - INCLUDE AREA	CODE			II.
				_				_							
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED.	TAKEN TO:	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-COMPLIA		ON AIR BA	G USAGE	EJECTION	TRAPPED
OL STATE	BY	RATOR LICENSE NUMBER		OFFENSE CHARGED LOCAL		OFFENCE BEGG	MC HELMET			ATTATION NUMBER					
ULSTATE	UPERATUR L	ICENSE NUMBER		UFFEN	FFENSE CHARGED LOCAL OF			UFFENSE DESC	OFFENSE DESCRIPTION			CITA	ITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRI	VER	ALC(DHOL / DRUG SUSPI	LLL ECTED	CONDITION		ALCOHO				TEST(S	
	SELECT UP TO 2		DIS BY	TRACTED			RIJUANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4
					07	THER DRUG					•		 		
INJU 1 - FATAL	RIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEF	AIR BAG PLOYED		0L CLASS 1-CLASS A	S	OL RESTRIC 1-ALCOHOL INTER			IVER DISTRACTED	CTION	1 - NONE	EST STA E GIVEN	TUS
2 - SUSPECTED	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - DEPLOYE		D FRONT 2 - CLASS B			2 - CDL INTRASTAT	2 - CDL INTRASTATE ONLY			NG AN	2 - TEST REFUSED			
3 - SUSPECTED 4 - POSSIBLE IN		2 - FRONT - MIDDLE 3 - DEPLOYI 3 - FRONT - RIGHT SIDE 4 DEPLOYI		ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LE 4 - FARM WAIVER	1	ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
	PARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - NOT APP		LICABLE (OHIO = D)				5 - EXCEPT CLASS A BUS			FREE	4 - TEST GIVEN, RESULTS 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	4		COMMUNICATION DE CALKING ON HAND-H			GIVEN, RES NOWN	ULTS
1 - NOT TRANSP	ORTED	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	F	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO		(COMMUNICATION DE	VICE	ALCO	HOL TES	T TYPE
2 - EMS	I SCEINE	(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT	WENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		OTHER ACTIVITY WIT ELECTRONIC DEVICE		1 - NONE		
3 - POLICE	8-THIRD = MIDDLE 2 - PARTIALLY EJECTE				M - MOTORCYCLE 9 - LEARNER'S PE			RMIT 6- PASSENGER 7- OTHER DISTRACTION				2 - BLOOD 3 - URINE			
9-01HER/UNK	10 - SLEEPER SECTION 4 - NOT A		3 - 101ALLY 4 - NOT APP	1			10 - LIMITED TO DAYLIGHT ONLY			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			OTHER DISTRACTION THE VEHICLE	OUTSIDE	5 - OTHE	ΞR	
2 - SHOULDER B	ELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA			R - THREE-WHEEL MC S - SCHOOL BUS	JIURCYCLE	13 - MECHANICAL D	EVICES	9-(OTHER / UNKNOWN		DR 1 - NONE	UG TEST	TYPE
3 - LAP BELT ON			ATED BY T - DOUBLE & TRIPLE TRAILERS			(SPECIAL BRAK CONTROLS, OR O	THER CONDITION			2 - BL00D					
5 - CHILD RESTR	RESTRAINT SYSTEM — CARGO AREA 3-FRI		3 - FREED E	D BY X - TANKER / HAZMAT			ADAPTIVE DEVI	2 ALTAICEITEI IIOIMIAE			3 - URINE 4 - OTHER				
FORWARD FA 6 - CHILD RESTR	CING RAINT SYSTEM –	14 - RIDING ON VEHICLE EXTERIOR	TOTAL INC.	OTTAINEDALE III	Erito			15 - MOTOR VEHICLE AIR BRAKES	S WITHOU		EMOTIONAL (E.G., DEP NGRY, DISTURBED)	RESSED,			SULT(S)
REAR FACING	G	(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRRO	R		LLNESS			HETAMINES	SULI(S)
7 - BOOSTER SE 8 - HELMET USE		99 - OTHER / UNKNOWN						17 - PROSTHETIC AII)		ELL ASLEEP, FAINTE ATIGUED, ETC.	ED,		BITURATES	
9 - PROTECTIVE (ELBOW, KNE								18 - OTHER		6- U	NDER THE INFLUEN			ZODIAZEPIN NABINOIDS	ES
10 - REFLECTIVE										1.	F MEDICATIONS / DF ALCOHOL	1063	5 - COCA	AINE	
11 - LIGHTING - F / BICYCLE ON										9-0	THER / UNKNOWN		6 - 0PIA 7 - 0THE	TES / OPIOID Er	S
99 - OTHER / UNK														ATIVE RESUI	_TS