OFFICIAL CAPACITOR TRAFFIC CRASH	L	OCAL REPORT NUMB										
PHOTOS TAKEN OH-2 N OH-3	2024-	0000	3172									
OH-1P OTHER	REPORTING AGENCY NAME* Heath PD	NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR O 1 98 - ANIMAL							
COUNTY* LOCALITY* LOCATION: CITY	, VILLAGE, TOWNSHIP*		1 1 1 1	CRASH DATE / 1		99 - UNKNOWN CRASH SEVERITY						
4 5 1 1 2-VILLAGE 2-VILLAGE 3-TOWNSHIP HEATH 04032024 1902 5 1-FATAL 2-SERIOUS INJURY												
	ROAD TYPE	LATITUDE DE	DIMAL DEGREES	SUSPECTED								
ROUTE TYPE ROUTE NUMBER PREFIX 1- NORTH 2 - SOUTH 3 - EAST 4 - WEST	PUTNAM		R D	40,034	3 0 8	3 - MINOR INJURY SUSPECTED						
	REFERENCE ROAD NAME (ROAD, I	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D	CIMAL DEGREES	4 - INJURY POSSIBLE						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		1		-83,243	3 8 3	5 - PROPERTY DAMAGE ONLY						
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION RELA	TED						
1 2-MILE POST 4 2-SOUTH US-			- ROAD - SQUARE	WITHIN INTE	RSECTION OR ON APPE	ROACH 4						
3 - HOUSE # 3 - EAST	STATE ROUTE BL -		- STREET	X WITHIN INTE	RCHANGE AREA N	UMBER OF APPROACHES						
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT.		- TRAIL		ROADWAY							
1 - MILES 2 - FEET ROUTE DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE ROADWAY DIVIDED												
	LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT DIRECTION OF TRAVEL MEDIAN TYPE											
1 - ON ROADWAY 9 - CROSSOVER 1 - ON SHOULDER 10 - DRIVEWAY/	ALLEY ACCESS - BETV	COLLISION 4-REAR-TO-REAR VEEN 5-BACKING MOTOR		1 - NORTH 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)								
	RADE CROSSING VEHI	CLES IN 6-ANGLE ISPORT 7-SIDESWIPE, SAME	DIRECTION	3 - EAST	2 - DIVIDE	D FLUSH MEDIAN ET)						
5 - ON GORE TRAILS	2 - REAR 3 - HEAD	-END 8 - SIDESWIPE, OPPOS	ITE DIRECTION	4-WEST		D, DEPRESSED MEDIAN						
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 7 - ON RAMP 14-TOLL BOOTH	(ANY T											
8-OFF RAMP 99-OTHER/UN	KNOWN				9 - OTHER	/UNKNOWN						
WORK ZONE RELATED	WORK ZONE TYPE ANE CLOSURE	LOCATION OF CRASH IN WOR 1 - BEFORE THE 1ST W		CONTOUR 4	CONDITIONS	SURFACE						
WORKERS PRESENT 2-1	ANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNING		1 1 2								
	VORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA	3 ANLA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP,								
	NTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	Α	3 - CURVE LEVEL 3 - SNOW BITUMINOL ASPHALT								
LIGHT CONDITION	WEATHE	R		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK						
1 - DAYLIGHT	1-CLEAR	6 - SNOW		7 - OTHEROUNKNOWN	OIL, GRAVEL	4 - SLAG, GRAVEL, STONE						
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMOKE	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, S	SNOW		6 - WATER (STANDING MOVING)	ואוט-כן						
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZIN	IG DRIZZLE	7 - SLUSH 9 - OTHER/UNKNOWN								
9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99-OTHER/ONKNOWN			9 - OTHER/UNKNOWN							
NARRATIVE		_ # # #				Indicate the north						
Unit 1 was traveling East	_				1114	direction with an "N" on the compass diagram.						
Putnam Road. Unit 2 was tra	•	i i		ScenePD ™ - Evaluation Edition		V John Pars and June						
turn lane. Unit 1 attempted t			Evaluation tion Edition	Evaluation Edition Edition								
turn lane to left turn lane str passenger side back of the ve	•	P-ANINGHIOU COMOU		Evaluation Editi	Evaluation Evaluation Edition	Edition						
passenger side back of the ve		Evaluation Edition	Evaluation tion Edition	Edition	SR 79							
		Pu	utnam Rd. —Unit _e 2	Evaluation Evaluation	Evaluation Edition	Edition						
		Evaluation Edition	tion E	Edition	Evaluation Edition	Edition						
			Evaluation	Evaluation Edition	Evaluation Edition							
		Evaluation Edition	tion Edition		N Evaluation	Edition						
		Evaluat	Evaluation tion Edition	Evaluation Evaluation Edition	dition 1400 10 Scale							
		Evaluation Edition		Evaluation	Evaluation Evaluation Edition	Edition						
		Evaluation Edition	Evaluation tion Edition	Evaluation Edition								
	NEDATON BATE / Towns	<u> </u>		Trancite (877) 908-4777	NATE /TIME	DEBORT TAVE						
Application and all and all supposed of application of the following of	DISPATCH DATE / TIME 3 2 0 2 4	ARRIVAL DATE / TIME 14032024 19	9 1 4 1	4032024	Selection of Selections	REPORT TAKEN BY POLICE AGENCY						
TOTAL TIME OTHER TOTAL	. OFFICER'S NAME*	Сне	CKED BY OFFI	CER'S NAME*		MOTORIST						
ROADWAY CLOSED INVESTIGATION TIME MINUT	Arter-Feaster	Ma	arkley			SUPPLEMENT (CORRECTION OR ADDITION TO AM EXISTING REPORT SENT TO ODPS)						
O T - 1 5 9 O THECKED BY OFFICER'S BADGE NUMBER* 7 O T - 1 4 7												

99 - OTHER / UNKNOWN

2 5

49 - FIRE HYDRANT

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

BARRIER

1

36 - MEDIAN OTHER BARRIER

42 - CULVERT

J FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

0F **5**

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0	2 4	1 - O C		IMBER 3	1 7	2				
UNIT #								DATE OF BIRTH AGE GENDER								
0 1	RALPH, XAVIER ANTHONY ESS: STREET, CITY, STATE, ZIP							0 5 / 0 9 / 2 0 0 5 1 8 M CONTACT PHONE - INCLUDE AREA CODE								
2	DSON AVE NEWARK, OH 43055														. .	
<u> </u>		, , , , , , , , , , , , , , , , , , , ,							T DOT-Compliant SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
20 02 5 ,	TAKEN BY							USED 0 4		T-COMPLIA HELMET		1		1	1 ,	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	CRIPTION			CITA	CITATION NUMBER			
ДО Н				331.0	8	CODE S		331.08				215	2159040324001			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED	_	OHOL / DRUG SUSP		CONDITION		ALCOHO TYPE	L TEST VALUE	STATUS	DRUG TYPE	TEST(S RESULT	SELECT UP TO 4	
. 4		0 3	BY	1	=	LCOHOL MAI THER DRUG	RIJUANA	1 1	1 ,	1	-1 1 1 1	1	1			
UNIT #	NAME: LAST, F									D	ATE OF BIRTH			AGE	GENDER	
0 2	BAKER, B	RANDON MICHAEL							0 3	_. / _. 0	1,/1	9 8	7 3	3 ,7 ,	М	
ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTA	ACT PHO	NE - INCLUDE AREA	CODE				
43 S W	ESTMOOR	AVE APT D NEWARI	K, OH 43	3055												
Z	TAKEN	EMS AGENCY (NAME)		INJURED	USED			USED		T-Complia					TRAPPED	
5	BY	YATUAT WWW.						0 4	MC HELMET 0 1			_	1 1 1			
OL STATE	OPERATOR L	RATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION	1	CIT		CITATION NUMBER			
OL CLASS	ENDORSEMENT	MENT RESTRICTION SELECT UP TO 3 DRIV			VER ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST			DRUG TEST(S)				
	SELECT UP TO 2		DIS BY	TRACTED	_	_	RIJUANA		STATUS		VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4	
4				1	0	THER DRUG		1	1	1	•	1	1			
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER	
ADDDESS	: STREET, CITY, ST	ATE 71D							CONT	OT DUO	NE - INCLUDE AREA		∟			
MADRESS:	: SIREE1, CIT 1, ST	ATE, ZIP							CUNIA	ACT PHUI	NE - INCLUDE AREA	CODE				
3		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEATING POSITI	ON AIR BA	G USAGE	EJECTION	TRAPPED	
NON I	TAKEN BY				USED			DOT-COMPLIANT MC HELMET				1				
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN				OFFENSE DESC	RIPTION		CITA	CITATION NUMBER				
						CODE										
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED		OHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION		ALCOHO TYPE	L TEST VALUE	STATUS		RESULT	SELECT UP TO 4	
1 1			BY	1	=	THER DRUG	MOOANA	ļ	ļ. ,		-					
	JRIES	SEATING POSITION		AIR BAG		OL CLAS	s	OL RESTRIC			IVER DISTRAC	CTION		EST STA	TUS	
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEF 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			NOT DISTRACTED MANUALLY OPERATI	NG AN	1 - NONE 2 - TEST	E GIVEN REFUSED		
3 - SUSPECTED		2 - FRONT - MIDDLE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LE		I	ELECTRONIC COMMU	NICATION	3-TEST	GIVEN, CON	TAMINATED	
4 - POSSIBLE IN 5 - NO APPAREN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOY 5 - NOT APP	ED BOTH FRO	ONT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A RUS	[DIALING) TALKING ON HANDS-			PLE / UNUSA GIVEN, RES	ULTS KNOWN	
		(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		MENT UNKN	OWN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		(COMMUNICATION DE	VICE		GIVEN, RES	ULTS	
1 - NOTTRANSP		6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER		TALKING ON HAND-H COMMUNICATION DE				ST TYPE	
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION CTED		OL ENDORSEI H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		OTHER ACTIVITY WIT ELECTRONIC DEVICE		1 - NONE			
3 - POLICE		8 - THIRD - MIDDLE		LLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	MIT		PASSENGER		2 - BL00 3 - URIN			
9 - OTHER / UNK	KNOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONL		OTHER DISTRACTION NSIDE THE VEHICLE		4 - BREA			
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EM			OTHER DISTRACTION THE VEHICLE	OUTSIDE	5 - OTHE	ER		
1 - NONE USED 2 - SHOULDER E	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	EVICES	9 - (OTHER / UNKNOWN			UG TEST	TYPE	
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	AP) 2 - EXTRICATED BY			T - DOUBLE & TRIPLE	(SPECIAL BRAK CONTROLS, OR C	THER		CONDITION			1 - NONE 2 - BLOOD			
5 - CHILD RESTRAINT SYSTEM -		CARGO AREA 3 - FREED BY			X - TANKER / HAZMAT	ADAPTIVE DEVI 14 - MILITARY VEHI	CLES ONLY 2 - PHYSICAL IMPAIR (S WITHOUT 3 - EMOTIONAL (E.G., E ANGRY, DISTURBED)									
	FORWARD FACING - CHILD RESTRAINT SYSTEM – REAR FACING (NON-TRAILING UNIT) - ROOSTER SEAT 15 - NON-MOTORIST					15 - MOTOR VEHICLE AIR BRAKES			MOTIONAL (E.G., DEP		ESSED,					
REAR FACIN						16 - OUTSIDE MIRRO						DRUG TEST RESULT(S) 1-AMPHETAMINES				
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN							17 - PROSTHETIC AID 18 - OTHER			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES 3 - BENZODIAZEPINES			
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							20 - OTHER		6- U	NDER THE INFLUEN F MEDICATIONS / DF			ZODIAZEPIN NABINOIDS	Eò	
10 - REFLECTIVE	10 - REFLECTIVE CLOTHING								/ALCOHOL			5 - COCAINE				
	- LIGHTING – PEDESTRIAN / BICYCLE ONLY - OTHER / UNKNOWN									9-0	THER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTHER / UNK									8 - NEGATIVE RESU					LTS		

-	OHIO DEPARTMENT							LOCAL REPORT NUMBER						
V	OHODEPARTEN OCCUPANT / WITNESS ADDENDUM							2024		0 0 3	1 7	2		
												 _		
	UNIT #		T, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER 1 0 / 2 9 / 2 0 0 4 1 9 F										
Į.	01		RE, AZIAH DONNA	CONTACT PHONE - INCLUDE AREA CODE										
NPAN		STREET, CITY,				CONTACT PHONE	- INCLUDE AREA CO	DE I						
		INJURED	WARK, OH 43055	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	FIECTION	TRAPPED					
	5 .	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT-COMPLIANT MC HELMET	. 0 . 3 .	1	1	1 1				
5							0 4							
	UNIT #		T, FIRST, MIDDLE				E OF BIRTH		AGE	GENDER				
Ę	02	WRITE:	SEL, MORGAN MAI	REE		0 7 / 2 0 / 1 9 9 2 3 1 F								
CCUPAN			•	U 420EE			CONTACT PHONE	- INCLUDE AREA CO						
		INJURED	G RD NEWARK, OI	1 43055	INJURED TAKEN TO: MEDICAL FACILIT		SEATING POSITION	AIR RAG USAGE	EJECTION	TRAPPED				
	5 ,	TAKEN BY EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED 10 14			DOT-COMPLIANT MC HELMET	0 3	1 ,	1	1		
٥	UNIT #	NAME: IAS	T, FIRST, MIDDLE			<u> </u>	DΔT	E OF BIRTH		AGE	GENDER			
		MAINE: EAG	i, i iko i, wiobee											
Z	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN		. ,							1			, .		
	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	SAFETY EQUIPMENT	DOT 5	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY					USED	DOT-COMPLIANT MC HELMET			ļ. ,	J		
5	UNIT #	NAME: LAS	T, FIRST, MIDDLE		I			DAT	E OF BIRTH		AGE	GENDER		
	1 1						1 1 1			J				
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
OCCUPAN									1 1	1 1 1	1	1 1		
ă	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BY					O2ED	MC HELMET				را		
ı		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
	1 - FATAL 1 - NONE US						T - LEFT SIDE							
			RIOUS INJURY		OCCUPANT (MOTORCYCLE DRIVER BELT ONLY USED 2 - FRONT – MIDDLE			EK)	2 - DEPLO	YED FRONT				
	3 - SUSPECTED MINOR INJURY			T ONLY USED 3 - FRONT - RIGHT SIL			Ξ	3 - DEPLO						
		SIBLE INJU			4 - SECOND – LEFT : ER & LAP BELT USED (MOTORCYCLE P				4 - DEPLOYED BOTH FRONT/SIDE					
	5 - NU APPARENT INJURY			ESTRAINT SYSTEM – 5 - SECOND – MIDDL				5 - NOT APPLICABLE						
ı			TAKEN BY		D FACING	ND - RIGHT SI	DE	YMENT UNK	ENT UNKNOWN					
	1 - NOT TRANSPORTED 6 - CHILD RE /TREATED AT SCENE REAR FA			ESTRAINT SYSTEM – CING	NG (MOTORCYCLE SIDE CAR)						EJECTION			
	2 - EMS 7 - B00STEF			RSEAT		D – MIDDLE		1 - NOT EJ	ECTED					
	3 - POLICE 8 - HELMET			USED	9 - THIRD – RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 2 - PARTIALLY EJEC									
	7 011121117 01111111011111			TIVE PADS USED	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALL	Y EJECTED					
				KNEES, ETC.) TIVE CLOTHING	CARG BUS, F	PLICABLE	BLE							
				NG PEDESTRIAN 12 - PASSENGER IN U				TRAPPED						
	/ BICYCL						O AREA LING UNIT		1 - NOTTR	1 - NOT TRAPPED				
	99 - OTHER /			UNKNOWN	14 - RIDING ON VEHICLE		EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS						
					(NON-TRAILING UNIT)				BY NON-MECHANICAL					
							R/UNKNOWN		MEANS					
i	NAME: LAST, FIRST, MIDDLE						-	DAT	E OF BIRTH		AGE	GENDER		
WITNESS									1 1 1					
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				•			
S	NAME: LAST, FIRST, MIDDLE ANDRESS: STREET CITY STATE 71P							DATE OF BIRTH AGE GENDE						
WITNESS														
¥	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
NAME: LAST, FIRST, MIDDLE								DAT	E OF RIRTH		AGE	GENDER		
SS	NAME: LAST, FIRST, WIDDLE							DATE OF BIRTH AGE GENDER						
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
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