OHIO DEPARTMENT T	RAFFIC C	RASH R	EPORT *DENOT	ES MANDATORY FI	ELD FOR SUPPLEMI	ENT REPORT	ı	OCAL REPOR	T NUMBER*	•			
OHIO DERARMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT OH-2 N OH-3 LOCAL INFORMATION								2024-00003197					
PHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME*						NCIC*	HIT/SKIP	NUMBER OF U	NITS	UNIT IN ERROR			
SECONDARY CRASH	RIVATE PF	ROPERTY	eath PD		0 4	1507	1 - SOLVED 2 - UNSOLVED	0 2	_ _0 _	2 98 - ANIMAL 199 - UNKNOWN			
COUNTY* LOCALITY*	CITY		LLAGE, TOWNSHIP*				CRASH DATE /			SH SEVERITY FATAL			
	VILLAGE TOWNSHIP	EATH					04032024	1410	. J	SERIOUS INJURY			
ROUTE TYPE ROUTE NO	2	- SOUTH	CATION ROAD NAME			ROAD TYPE	LATITUDE DE	PRINCIPLE PROPERTY AND PRINCIPLE		SUSPECTED MINOR INJURY			
	LL L 4	-WEST	ВОТН	v=-v=-v=-v=-v=-v=-v=-v=-v=-v=-v=-v=-v=-v		ST	40,035	782		SUSPECTED			
ROUTE TYPE ROUTE NU	2	- SOUTH	FERENCE ROAD NAME (I	ROAD, MILEPOST, H	OUSE #)	ROAD TYPE	LONGITUDE D			INJURY POSSIBLE			
		- EAST - WEST 6	04 S. 30th			ST	-82,442	6 1 1		PROPERTY DAMAGE ONLY			
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE	ID IN	ROUTE TYPE TERSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE HW - HIGHWAY R	D - ROAD		INTERSECTIO	N RELATED				
3 2- MILE POST	2 - SOUT	TH US-FF	DERAL US ROUTE	AV - AVENUE		Q - SQUARE	WITHIN INTE	RSECTION OR (ON APPROAC	SH .			
3- HOUSE #	3 - EAST 4 - WES		ATE ROUTE	BL - BOULEVARD CR - CIRCLE		T - STREET	WITHIN INTE	RCHANGE ARE	A NUME	BER OF APPROACHES			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURI	E	MBERED COUNTY ROUTE	CT - COURT		L - TRAIL		ROAD	WAY				
	1 - MILE 2 - FEET 1 1 3 - YARD	T RO	MBERED TOWNSHIP UTE	DR - DRIVE HE - HEIGHTS	PI - PIKE W	VA - WAY	ROADWAY DIV	/IDED					
LOCATIO	IN OF FIRST HARM				H COLLISION/IMPA	CT	DIRECTION OF TRAVE	ī. l	MEDIAN	TVDE			
1 - ON ROADWA	AY 9 - C	ROSSOVER		- NOT COLLISION	4 - REAR-TO-REAR		1 - NORTH	×01:	DIVIDED FL	USH MEDIAN			
0 6 2 - ON SHOULD		RIVEWAY/ALI RAILWAY GRAI		TWO MOTOR	5 - BACKING 5 - ANGLE		2 - SOUTH 3 - EAST		(< 4 FEET :) _USH MEDIAN			
4 - ON ROADSII 5 - ON GORE		SHARED USE F	46.03 MANUAL 48.000	TRANSPORT	7 - SIDESWIPE, SAME		4 - WEST	3.	(≥4 FEET :) EPRESSED MEDIAN			
6 - OUTSIDE TE	RAFFIC WAY 13-E	BIKE LANE			3 - SIDESWIPE, 0PP0 9 - OTHER / UNKNOV			I		AISED MEDIAN			
7 - ON RAMP 8 - OFF RAMP		TOLL BOOTH OTHER/UNKN	own					9-	OTHER/UNI				
WORK ZONE RELA	TED	W	ORK ZONE TYPE	LOCATIO	N OF CRASH IN WO	RK ZONE	CONTOUR	CONDIT	IONS	SURFACE			
WORKERS PRESE			IE CLOSURE	1	- BEFORE THE 1ST V WARNING SIGN	WORK ZONE	, 1 ,	, 1	î	1 1			
			NE SHIFT/CROSSOVER RK ON SHOULDER	74 Year 1975	- ADVANCE WARNIN		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE						
LAW ENFORCEME	NI PRESENT L		MEDIAN ERMITTENT OR MOVING		- TRANSITION AREA - ACTIVITY AREA		2 - STRAIGHT GRADE	2-WET		2 - BLACKTOP, BITUMINOUS,			
ACTIVE SCHOOL Z	ONE	5 - OTH		224 45 74500	- TERMINATION ARE	ĒΑ	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE		ASPHALT			
LIGHT	CONDITION		w	EATHER			9 - OTHER/UNKNOWN	5 - SAND, MUI		3 - BRICK/BLOCK 4 - SLAG, GRAVEL,			
1 - DAYLIGHT 2 - DAWN/DUSK	(1 - CLEAR 2 - CLOUDY	6 - SNOW 7 - SEVERE	CROSSWINDS			OIL, GRAV		STONE			
3 - DARK – LIGH	HTED ROADWAY		3 - FOG, SMOG, S	MOKE 8-BLOWIN	G SAND, SOIL, DIRT,			MOVING)		5 - DIRT 9 - OTHER/UNKNOWN			
	DWAY NOT LIGHTE (NOWN ROADWAY I		4 - RAIN 5 - SLEET, HAIL		IG RAIN OR FREEZI / UNKNOWN	NG DRIZZLE		7 - SLUSH 9 - OTHER/UN	KNOWN	CA COM FRICTION CONTROL CONTROL			
9-OTHER/UNI	KNOWN												
NARRATIVE					- 1 1	1 1			N	Indicate the north direction with			
		-	parking lot. \ Init 2 left the							an "N" on the compass diagram.			
Struck Unit 1	in the left	rear. c	unit 2 left the	scene.			ScenePD ™ - Evaluation Edition			·			
					Evaluation Edition	Evaluation ation Edition	Evaluation Edition)					
							Evaluation Edition	Evaluation Editio	Evaluation Edition				
					Evaluation Edition	Evaluation	Edition		Evaluation Edition				
							Evaluation Evaluation Edition	Evaluation Edition	n Edition				
					Evaluation Edition	Evaluation uation Edition	Equion		Evaluation Edition	:			
					, o	Fivalisation	Evaluation Edition	Indian Mou Eye Clinic					
					Evaluation Edition	uation Edition		Evaluation Editio	Evaluation Edition				
						Evaluation	it 1 Evaluation Edition Edition						
					Evaluation Edition	uation Edition		Evaluation Editio	Evaluation Edition				
						Evaluation	Evaluation Edition Not To 3						
					Evaluation Edition		Trancite (877) 908-4777	Joans					
CRASH REPORTED	Contractor and Description of		PATCH DATE / TIME		RIVAL DATE / TIME		SCENE CLEARED		5.77	PORT TAKEN BY POLICE AGENCY			
0,4032024		0404		6 0404			4042024	1,55		MOTORIST			
TOTAL TIME ROADWAY CLOSED INV	OTHER ESTIGATION TIME	TOTAL MINUTES	officer's NAME* Peterson		Сн М	ecked by OFFI	CER'S NAME*		峝	SUPPLEMENT			
				'S BADGE NUMBER	*	CHECKED I	BY OFFICER'S BADGE I			(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
4	1 0	4 0	0 7	- , 1 , .	4 5	0 7	- 1	4 7					

99 - OTHER / UNKNOWN

Ì

49 - FIRE HYDRANT

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

BARRIER

1

36 - MEDIAN OTHER BARRIER

42 - CULVERT

0F **5**

J FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

Ì

OFF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0	2	4	- O				7			
UNIT # 0 1	NAME: LAST, F	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE (GENDER			
ADDRES	SS: STREET, CITY, ST.						CONTACT PHONE - INCLUDE AREA CODE					1 1					
ADDRESS: STREET, CITY, STATE, ZIP INJURIES INJURED EMS AGENCY (NAME) TAKEN BY OL STATE OPERATOR LICENSE NUMBER OL CLASS ENDORSEMENT RESTRICTION SELECTION SELECTION.				INJURED TAKEN TO: MEDICAL FACILITY (NAME, GITY) SAFETY EQUIPME USED					DOT-COMPLIANT SEATING POSITION AIM MC HELMET			TION AIR B	AG USAG	E EJECTION	TRAPPED		
OL STAT	TATE OPERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION				CIT	ITATION NUMBER			
OL CLASS ENDORSEMENT SELECT UP TO 2				VER TRACTED	_	DHOL / DRUG SUSPECTED LCOHOL MARIJUANA		CONDITION	ALCOHOL TE STATUS TYPE			EST VALUE	STATU		JG TEST(S PE RESULT	S) LT SELECT UP TO 4	
UNIT # NAME: LAST, FIRST, MIDDLE				OTHER DRUG					DATE OF BIRTH					AGE	GENDER		
0 2		CAROLE J										2 / 1	9 3	,5	8 9	F	
ADDRES	SS: STREET, CITY, ST.	ATE, ZIP E WY NEWARK, OH 4	13055							CONTACT PHONE - INCLUDE AREA CODE				. 🖪			
O ■ INJURIE	S INJURED TAKEN	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT				BAG USAGE EJECTIO				
	BY E OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAF			O 4	MC HELMET CRIPTION		E I	0 1		1 ATION	1 Number	1	
OL STAT	S ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRI	CODE CODE				CONDITION	ALCOHOL TEST				DRUG TEST(S)				
4	SELECT UP TO 2			TRACTED 1	ДА	ALCOHOL MARIJUANA		1	STATUS	1 TYPE		VALUE	STATU:	TYP	E RESULT	T SELECT UP TO 4	
UNIT #	NAME: LAST, F	FIRST, MIDDLE		OTTER DROG						DATE OF BIRTH			AGE	GENDER			
ADDRES	SS: STREET, CITY, ST.	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
DIO												<u> </u>		1			
INJURIE O N	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-COMPL HELM	TANT	SEATING POSIT	TION AIR B	AG USAG			
ADDREST NON-WOLVEN OLD STATE OLD STA	OL STATE OPERATOR LICENSE NUMBER			OFFEN	SE CHAF	RGED LOCAL CODE		OFFENSE DESC	RIPTION			СІТ	CITATION NUMBER				
OL CLAS	S ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		RACTED -		OHOL / DRUG SUSPECTED ALCOHOL MARIJUANA		CONDITION	ALCOI STATUS TYP			EST VALUE	STATUS	DRUG TEST		(S) ULT SELECT UP TO 4	
L					=	THER DRUG	NISCANA				_ •∟						
IN 1 - FATAL	JURIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1-CLASS A	S	OL RESTRIC			2007/100	ER DISTRA DISTRACTED	CTION		TEST STA	TUS	
	ED SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT			- MAN	UALLY OPERAT			ST REFUSED		
3 - SUSPECT 4 - POSSIBLI	ED MINOR INJURY	2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLOY		NT / CIDE	3 - CLASS C		3 - CORRECTIVE LE 4 - FARM WAIVER	INSES		DEVI	CTRONIC COMM CE (TEXTING, 1			ST GIVEN, CON		
	RENT INJURY	4 - SECOND - LEFT SIDE	4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE			E 4 - REGULAR CLASS (OHIO = D)		5 - EXCEPT CLASS				IALING) Alking on Hands-Free		4 - TEST GIVEN, RESULTS KNOWN			
INJURED TAKEN BY (MOTORCYCLE PASSENGER) 9 1NJURED TAKEN BY							6 - EXCEPT CLASS & CLASS B BUS			COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD		EVICE	5 - TEST GIVEN, RESULTS UNKNOWN				
1 - NOT TRAM	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRACTO	R-TRAILER		COMI	MUNICATION D	EVICE	ALCOHOL TEST TYPE				
2 - EMS	D AT SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	CTED		OL ENDORSE	MENI	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5		ER ACTIVITY W CTRONIC DEVIC		1 - NO			
3 - POLICE	0 THIRD MIDDLE			2 - PARTIALLY EJECTED M - MOTORCYCLE			9 - LEARNER'S PERMIT RESTRICTIONS			6 - PASSENGER 7 - OTHER DISTRACTION			2 - BLOOD 3 - URINE				
9 - OTHER / I	JNKNOWN	10 - SLEEPER SECTION	3 - TOTALLY EJECTED P - PASSENGER 4 - NOT APPLICABLE N - TANKER 10 -				10 - LIMITED TO DAYLIGHT ONLY INSI			INSIDE THE VEHICLE 4 - BREATH							
SAFETY 1 - NONE US	EQUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	т	RAPPED		Q - MOTOR SCOOTER 11 - LIMITED TO EM			. LOTIME.		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		5 - 0T	5 - OTHER			
	R BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA			R - THREE-WHEEL MC S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D	EVICES	9	- OTHE	ER / UNKNOWN			RUG TEST	TYPE	
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 4 - SHOULDER & LAP REIT USED 12 - PASSENGER IN UNENCLOSED			2 - EXTRICATED BY T - DOUBLE & TRIPLE TRAILERS				(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	- A			RENTLY NORM		3 - UR				
FORWARI	FACING STRAINT SYSTEM –	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-MECHANICAL MEANS				15 - MOTOR VEH				2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,			4 - OTHER			
REAR FA	CING	(NON-TRAILING UNIT)					AIR BRAKES 16 - OUTSIDE MIRROR		4	ANGRY, DISTURBED) 4- ILLNESS			DRUG TEST RESULT(S) 1-AMPHETAMINES				
7 - BOOSTER 8 - HELMET		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AID			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES			
9 - PROTECT	IVE PADS USED KNEES, ETC.)						18 - OTHER		6	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS		3 - BENZODIAZEPINES 4 - CANNABINOIDS					
	IVE CLOTHING										/ALC	OHOL	1KU65	5 - CO	CAINE		
11 - LIGHTING / BICYCLI	S – PEDESTRIAN E ONLY						9- OTHER / UNKNOWN						6 - OPIATES / OPIOIDS 7 - OTHER				
99 - OTHER / L													8 - NEGATIVE RESULTS				

Ũ	OCCUPANT / WITNESS ADDENDUM						2024		ORT NUMBER	1 9	7				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE G							
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
3	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED L			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATI	E OF BIRTH		AGE	GENDER			
ANT	ADDRESS:	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPAN	IN HIDIEC	THURER	FMC A (NAME)		NAME OF THE PARTY		SAFETY EQUIPMENT		SEATING POSITION	TRADDED					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFET USED L			DOT-COMPLIANT MC HELMET	EJECTION	TRAPPED					
	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE							
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE L					
000	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
		TAKEN BY				USED	DOT-COMPLIANT MC HELMET								
	UNIT # NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP							DATI	E OF BIRTH		AGE	GENDER			
OCCUPANT								CONTACT PHONE - INCLUDE AREA CODE							
9	INJURIES INJURED EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILI	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED						
		TAKEN BY				USED	☐ MC HELMET								
	1 - FATA		IRIES	1 - NONE US	ED-		T – LEFT SIDE	TTTON	1 - NOT DE	AIR BAG U	SAGE				
					OCCUPANT	(MOT	ORCYCLE DRIV								
	3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 2 - SHOULDE 3 - LAP BELT			R BELT ONLY USED	T – MIDDLE T – RIGHT SIDE	Ī	3 - DEPLO								
				ONLY USED TR & LAP BELT USED	4 - SECO	ND – LEFT SIDI	Ē	4 - DEPLOYED BOTH FRONT/SIDE							
	5 - NO APPARENT INJURY INJURED TAKEN BY 1 - NOT TRANSPORTED 5 - CHILD RE FORWAR 6 - CHILD RE				STRAINT SYSTEM -	5 - SECO	ORCYCLE PASS ND – MIDDLE		PLICABLE						
					STRAINT SYSTEM –	7 - THIR	ND – RIGHT SII D – LEFT SIDE ORCYCLE SIDE		9 - DEPLOYMENT UNKNOWN EJECTION						
	/TREATED AT SCENE REAR FAI 2 - EMS 7 - BOOSTER						D – MIDDLE	GAIL)	1 - NOT EJ						
	3 - POLICE 8 - HELMET						D – RIGHT SIDE PER SECTION (ALLY EJECTED					
	9 - OTHE	ER/UNKNO	wn		IVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALI	Y EJECTED					
					IVE CLOTHING		O AREA (NON-TE PICK-UP WITH CAI		4 - NOT APPLICABLE						
					G – PEDESTRIAN		ENGER IN UNE O AREA	NCLOSED	TRAPPED 1 - NOT TRAPPED						
				/ BICYCLI		LING UNIT	EVERNOR	2 - EXTRICATED BY MECHANICAL							
						IG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS 3 - FREED BY NON-MECHANICAL							
							MOTORIST R/UNKNOWN		3 - FREED MEANS		CHANIC	AL			
SS		ST, FIRST, MIDD							E OF BIRTH	4.0	AGE	GENDER F			
WITNESS		LINDA S						CONTACT PHONE			7 5	<u> </u>			
×			RD FRAZEYSBURG	, OH 43822											
ş	NAME: LAS	ST, FIRST, MIDD	LE					DATI	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE							DATI	E OF BIRTH	<u> </u>	AGE	GENDER			
WITNESS															
	ADDRESS: STREET, CITY, STATE, ZIP								- INCLUDE AREA CO						