OHIO DEPARTMENT TRAFFIC CRASH	L	OCAL REPORT NU									
□ 0H-2 ▼ 0H-3	2024-	0000	0 3 2 2 5								
PHOTOS TAKEN OH-1P OTHER SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME* Heath PD		NCIC*	HIT/SKIP 2 1-SOLVED	NUMBER OF UNITS	0 1 98-ANIMAL					
COUNTY* LOCALITY* LOCATION: CIT	Y, VILLAGE,TOWNSHIP*			CRASH DATE / 1		CRASH SEVERITY					
4 5 1 2 VILLAGE HEATH		04052024 1554 5 1- FATAL									
7 NORTO	LOCATION ROAD NAME		ROAD TYPE	Z - SERIOUS INJURY							
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	HEBRON		R D	40,023	3 2 5	3 - MINOR INJURY SUSPECTED					
THE REST	REFERENCE ROAD NAME (ROAD, I	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D		4 - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1031			-82 4 4 9	5 1 4	5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RE	4					
2 MILE POST 4 2 COUTU	274		- ROAD - SQUARE	WITHIN INTERSECTION OR ON APPROACH							
3-HOUSE # 3-EAST	TEBERAL OF ROOTE		- STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
	NUMBERED COUNTY ROUTE CR -		- TERRACE - TRAIL	_ 	ROADWAY	77 V V 20 NOVO S S 10 V 20 NOVO S 10 V 20 V 20 NOVO S 10 NOVO S 20					
1-MILES TR	NUMBERER TOWNSHIP		A - WAY	ROADWAY DIVIDED							
1 0 2 2-FEET 3-YARDS	HE -	HEIGHTS PL - PLACE			1						
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVE		IER OF CRASH COLLISION/IMPAC COLLISION 4 - REAR-TO-REAR	Т	DIRECTION OF TRAVE	-0.1	IEDIAN TYPE IDED FLUSH MEDIAN					
0 6 2 - ON SHOULDER 10-DRIVEWAY	VALLEY ACCESS 9 BETV	VEEN 5-BACKING MOTOR		1 - NORTH 1 2 - SOUTH	FEET)						
3 - IN MEDIAN 11 - RAILWAY (4 - ON ROADSIDE 12 - SHARED U		CLES IN 6-ANGLE ISPORT 7-SIDESWIPE, SAME	DIRECTION	3 - EAST 4 - WEST		- DIVIDED FLUSH MEDIAN (≥4 FEET)					
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANI	2 - REAR 3 - HEAD	*		4 - WEST 3 - DIVIDED, DEPRESSED ME 4 - DIVIDED, RAISED MEDIA							
7 - ON RAMP 14-TOLL BOO	Н	-ON 7-OTHER/ONKNOW	IN∃		(AN	Y TYPE) ER/UNKNOWN					
8 - OFF RAMP 99-OTHER/U											
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN WOR 1 - BEFORE THE 1ST W		CONTOUR 1	CONDITIONS 1						
WORKERS PRESENT 2	LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNING		1 - STRAIGHT LEVEL		2					
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA	ANLA	1 - CONCRETE 2 - BLACKTOP,							
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	Α.	BITUMINOUS, ASPHALT							
LIGHT CONDITION	WEATHE			4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK					
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIF OIL, GRAVEL						
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	02 2 - CLOUDY	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, S	WOM		6 - WATER (STAND MOVING)	IG, 5 - DIRT					
4 - DARK — ROADWAY NOT LIGHTED	9 - FREEZING RAIN OR FREEZIN			7 - SLUSH	9 - OTHER/UNKNOWN						
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER/UNKNOWN			9 - OTHER/UNKNO	WN					
NARRATIVE						Indicate the north					
UNIT 2 WAS PARKED IN TH	JIMMY JOHNS LOT	. AT				direction with an "N" on the					
SOME POINT IN TIME UNIT	1 STRUCK UNIT 2	<u> </u>		ScenePD ™ - Evaluation Edition		compass diagram.					
CAUSING DAMAGE TO THE F	RONT END.		Evaluation	Evaluation Edition Edition		-					
		Evaluation Edition	lion Edition		Evaluation Edition	ation Edition					
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition											
Evaluation Edition Evaluation Edition Evaluation Edition											
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition											
P.O.I. Evaluation Edition Evaluation Edition											
		Evaluation Edition									
			1031 HEBRON ROAD Evaluation Edition Evaluation Edition Evaluation Edition								
		Evaluation tion Edition	Edition	E	ition Edition						
		-		Evaluation Edition	Evaluation Edition	2—					
Evaluation Edition Evaluation Edition Evaluation Edition											
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	DATE / TIME	REPORT TAKEN BY					
04052024 1554 040	52024 1555	4052024 15	5 5 5 0	4052024	1622	POLICE AGENCY					
TOTAL TIME OTHER TOTAL	AL OFFICER'S NAME*	Сне	CKED BY OFFI	CER'S NAME*		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINU	arkley	Y OFFICER'S BADGE I	JIIMDED*	SUPPLEMENT (CORRECTION OR ADDITION TO AM EXISTING REPORT SENT TO ODPS)							
3 0 5 8	O 7 -	1 5 8 C		- 1	4 7	av en entitud herva) obsti (d.mbl.o)					

OFF PUBLIC SAFETY OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0	2	4	- O				5				
UNIT # 0 1							DATE OF BIRTH AGE GENDER										
ADDRES	DDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE									
INJURIE	S INJURED TAKEN	EMS AGENCY (NAME)	AGENCY (NAME) INJURED TAKEN TO				MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 9 9			T-Comp HELN	LIANT	SEATING POSIT	TON AIR	BAG USAG	E EJECTION	TRAPPED	
ADDRES ADDRES INJURIE OL STATI	E OPERATOR L	RATOR LICENSE NUMBER OFFENSE CHAR				RGED	LOCAL CODE	OFFENSE DESC	RIPTION				CIT	CITATION NUMBER			
S OL CLAS	S ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	VER TRACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA			CONDITION					STATU						
UNIT #	NAMELLAST	EIRCT MIRRIE				THER DRUG				1	_ ● L	E OF BIRTH	1	1	AGE	GENDER	
0 2		NAME: LAST, FIRST, MIDDLE ROCKEY, SHANE MICHAEL								2 /		3 / / 1	9 ,7	.7	4 6	M	
ADDRES	S: STREET, CITY, ST.								CONT			- INCLUDE ARE		[<u> </u>	
121 M	APLE AV TH	ORNVILLE, OH 4307	76														
INJURIE	S INJURED TAKEN BY							SAFETY EQUIPMENT USED	T DOT-COMPLIANT SEATING POSITION MC HELMET			TON AIR	AIR BAG USAGE EJECTION TRAPPED				
ADDRES 121 M INJURIE OL STATI	E OPERATOR L	CENSE NUMBER OFFENSE CHA			SE CHAF	RGED	LOCAL CODE	OFFENSE DESC	OFFENSE DESCRIPTION				CIT	ATION NUMBER			
OL CLAS	S ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	DHOL / DRUG SUSPI	ECTED Rijuana	CONDITION	STATUS	ALCO TYP		VALUE	STATU		JG TEST(S	T SELECT UP TO 4	
_4				1	0	THER DRUG				1	_ •			1			
UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDE							GENDER	
ADDRES	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE										
INJURIE		EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)			T Cour		SEATING POSIT	TON AIR	BAG USAG	E EJECTION	I TRAPPED	
ADDRES OL STATI	TAKEN BY E OPERATOR L	CENCE NUMBER		OFFENSE CHARGED LOCAL		USED OFFENSE DESC	Шмс	DOT-COMPLIANT MC HELMET PTION			CII	TATION	UMBER				
		IN LIVENSE NOMBER			CODE												
OL CLAS	S ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS	ALCO TYP		VALUE	STATU		JG TEST(S E RESUL	T SELECT UP TO 4	
					0	THER DRUG			L		_ •						
IN.	JURIES	SEATING POSITION 1 - FRONT - LEFT SIDE	1 - NOT DEP	AIR BAG PLOYED		0L CLASS 1-CLASS A	S	OL RESTRIC 1-ALCOHOL INTER		-		ER DISTRA DISTRACTED	CTION		TEST ST	ATUS	
	ED SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYI	ED FRONT 2 - CLASS B			2 - CDL INTRASTATE ONLY			2 - MANUALLY OPERATING AN			2 - TE	2 - TEST REFUSED			
	SPECTED MINOR INJURY 2 - FRONT - MIDDLE 3 - DEPLOYI		ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LENSES 4 - FARM WAIVER			DEVICE (TEXTING, TYPING,			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
	4 - POSSIBLE INJURY 3 - FRONT - RIGHT SIDE 4 - DEPLOYED BO 5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE 5 - NOT APPLICAE (MOTORCYCLE PASSENGER) 5 - NOT APPLICAE				ICABLE (OHIO = D) 5 - EXCEPT CLAS			DINEING			LING) KING ON HANDS	I HANDS-FREE		4 - TEST GIVEN, RESULTS KNOWN			
INJURE	9 - DEPLOYMENT UNKNOWN 3 - W/C MUPED UNLY 6 - EXCEPT CL						6 - EXCEPT CLASS & CLASS B BUS	A			IMUNICATION D KING ON HAND-I			ST GIVEN, RE IKNOWN	SULTS		
1 - NOTTRAN		ORTED 6- SECOND - RIGHT SIDE 7- EXCEPT TO						7 - EXCEPT TRACTO	ALGU						COHOL TE	ST TYPE	
2 - EMS	(MOTORCYCLE SIDE CAR) 1 - NOT EJECTED			H - HAZMAT 8 - INTERMEDIATE RESTRICTIONS			ELECTRONIC DEVI			E 1-NONE							
3 - POLICE	8 - THIRD - MIDDLE 2 - PARTIALLY EJECTED 9 - THIRD - RIGHT SIDE 2 - TOTALLY EJECTED			M - MOTORCYCLE 9 - LEARNER'S PER						N	2 - BLOOD 3 - URINE						
	10 - SLEEPER SECTION 4- NOT APPLICABLE			P - PASSENGER N - TANKER 10 - LIMITED TO DAY			YLIGHT ONLY INSIDE THE VEHICLE			E	4 - BREATH						
1 - NONE USE	11 - PASSENGER IN OTHER TRANSPORT					11 - LIMITED TO EM 12 - LIMITED - OTHE	ER THE VEHICLE										
2 - SHOULDE	ULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAPPED S - SCHOOL BUS				JIOKUYULE	13 - MECHANICAL D	VICES 9 - OTHER / UNKNOWN				DRUG TEST TYPE 1 - NONE						
	- LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATED BY - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHANICAL MEANS			S	T - DOUBLE & TRIPLETRAILERS CONTROLS, OR O X - TANKER / HAZMAT ADAPTIVE DEV			THER		CONDITION				2 - BL00D			
5 - CHILD RES	5 - CHILD RESTRAINT SYSTEM – CARGO AREA 3 - FREI		3 - FREED B	BY X - TANKER / HAZMAT ECHANICAL MEANS			14 - MILITARY VEHICLES ONLY			1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT			3 - URINE 4 - OTHER				
6 - CHILD RES	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR						15 - MOTOR VEHICLES WITHOUT AIR BRAKES		IT g	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			DRUG TEST RESULT(S)				
	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST						16 - OUTSIDE MIRROR		4	4- ILLNESS			1 - AMPHETAMINES				
8 - HELMET I	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.)										6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS				4 - CANNABINOIDS		
	10 - REFLECTIVE CLOTHING									/ALCOHOL 9- OTHER / UNKNOWN				5 - COCAINE 6 - OPIATES / OPIOIDS			
/ BICYCLE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY									7- UINEK / UNKNUWN				7 - OTHER			
99 - OTHER / U	NKNOWN													8 - NE	EGATIVE RESU	JLTS	