OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES LOCAL INFORMATION	MANDATORY FIELD FOR	SUPPLEMENT REPORT	2024	OCAL REPORT NUMBER					
PHOTOS TAKEN OH-2 K OH-3 OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
	Heath PD	04507	1 - SOLVED 2 - UNSOLVED		2 98 - ANIMAL 99 - UNKNOWN					
COUNTY* LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP HEATH	CRASH DATE / TIME * CRASH SEVERITY 0.4082024, 2059 1 - FATAL 2 - SERIOUS INJURY									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES SUSPECTED							
4-WE31	HEBRON		,R ,D	4 0 0 2 2 2 9 0 3-MINOR INJ						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WFST	REFERENCE ROAD NAME (RO HEATH	AD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE 10	INJURY POSSIBLE PROPERTY DAMAGE					
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD		INTERSECTION RELATED						
2 MILE DOCT 2 COUTH	INTERSTATE ROUTE(TP) FEDERAL US ROUTE	AL - ALLEY HW - HI AV - AVENUE LA - LA		WITHIN INTERSECTION OR ON APPROACH						
3 - HOUSE # 3 - EAST	STATE ROUTE	BL - BOULEVARD MP - MI	LEPOST ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES						
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE	CT - COURT PK - PA	RKWAY TL - TRAIL	ROADWAY						
1 - MILES TR - 2 - FEET 3 - YARDS	NUMBERED TOWNSHIP ROUTE	DR - DRIVE PI - PII HE - HEIGHTS PL - PL		ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVEN		IANNER OF CRASH COLLI		DIRECTION OF TRAVEL MEDIAN TYPE						
1 - ON ROADWAY 9 - CROSSOVER 1 - ON SHOULDER 10 - DRIVEWAY	ALLEY ACCESS 2	IOT COLLISION 4 - REAR BETWEEN 5 - BACK WO MOTOR	ING	1 - NORTH 2 - SOUTH	(< 4 FEET	1 - DIVIDED FLUSH MEDIAN (<4 FEET)				
4 - ON ROADSIDE 12 - SHARED US	SE PATHS OR		SWIPE, SAME DIRECTION							
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - H		SWIPE, OPPOSITE DIRECTION R/UNKNOWN	3 - DIVIDED, DEPRESSED ME 4 - DIVIDED, RAISED MEDIAN						
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER/UN					(ANY TYPE) 9 - OTHER/UNKNOWN					
WORK ZONE RELATED	WORK ZONE TYPE		RASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE				
T WARKER PRESENT	LANE CLOSURE LANE SHIFT/CROSSOVER	WARN	E THE 1ST WORK ZONE ING SIGN	2						
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	☐ 3 - TRANS	CE WARNING AREA ITION AREA	REA						
l — l	INTERMITTENT OR MOVING WO	S. CROD	TY AREA NATION AREA	3 - CURVE LEVEL	BITUMINÓUS, ASPHALT					
LIGHT CONDITION	WEA	THER		4 - CURVE GRADE 4 - ICE 3 - BRICI 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAC						
1 - DAYLIGHT 3 2 - DAWN/DUSK	1 - CLEAR 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSV	VINDS		4 - SLAG, GRAVEL, STONE					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	OKE 8-BLOWING SAND,			6 - WATER (STANDING, MOVING) 7 - SLUSH	5 - DIRT 9 - OTHER/UNKNOWN					
5 - DARK - NOADWAY NOT EIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	4 - RAIN 5 - SLEET, HAIL	99 - OTHER / UNKNO			9 - OTHER/UNKNOWN	own				
NARRATIVE						Indicate the north				
UNIT 1 WAS STOPPED ON SE	79/HEBRON RD				+++	direction with an "N" on the				
HEADED NORTHBOUND IN T				ScenePD ™ - Evaluation Edition		compass diagram.				
2 WAS TRAVELING NORTHBO PASSING LANE AND STRUCK			Evaluation Evaluation Edition Iuation Edition	Evaluation Edition on Edition						
REAR-END.	ONII I IN THE		_ %	Evaluation Evaluation Edition	Evaluation Edition Evaluation Edition Edition					
		Eva	Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition							
			Evaluation Edition	Evaluation Edition	Mot To Scale VEHICLES WERE MOVED					
		Eva	luation Edition	Evaluation Edition	Evaluation Edition Edition					
		Eva	Evaluation Edition luation Edition	on Edition %	Evaluation Edition					
		DUKE N' DUCHESS 1101 HEBRON RO Evaluado	Evaluation Evaluation	Evaluation Edition Edition						
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition										
		Eva	Evaluation Edition luation Edition	Evaluation Edition						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL D	ATE/TIME	Trancite (877) 908-4777 SCENE CLEARED	DATE/TIME R	EPORT TAKEN BY				
Application of the II spread at the property polymers, the line related it	82024 2104	257	STATE OF THE PARTY	4082024		POLICE AGENCY				
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT	L OFFICER'S NAME*		CHECKED BY OFF	ICER'S NAME*		MOTORIST				
MANUT	Ramage	BADGE NUMBER*	CHECKED	BY OFFICER'S BADGE I		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				
	0 7 -	1 3	1 0 7	- 1	3 8					

OHIO D OF PUB SAFETY - S	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0 2 4 - 0 0 0 0 3 3 2 4									
UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER									
01	WALKEK, HANNAH J								1 0 / 1 6 / 2 0 0 1 2 2 F							
	DDRESS: STREET, CITY, STATE, ZIP 755 TYLOR DR COLUMBUS, OH 43232															
<u> </u>		EMS AGENCY (NAME)		INHIBED	TAKENTO	: MEDICAL FACILITY	MAME CITY	SAFETY EQUIPMENT			SEATING POSITI	ON ATD DA	G USAGE	EJECTION	TRAPPED	
NON 5	TAKEN BY	TAKEN			IAKENTO	. WEDICAL FACILITY	INAME, GITY)	USED 0 4		F-COMPLIA HELME	ANT	1		1	1	
OL STATE		ICENSE NUMBER		OFFENS	SE CHAF	RGED	LOCAL	OFFENSE DESC					CITATION NUMBER			
ОН					CODE								STATION NOMBER			
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4		0 3	".	1	=	THER DRUG	do o Alta	1	1	1	•	1	1			
UNIT #	NAME: LAST, I	FIRST, MIDDLE	<u> </u>	'				•		D	ATE OF BIRTH			AGE	GENDER	
0 2	GHILONI	, GRANT M							1 0	__ / __ 1	1,1,/,1	9 9	9_ _	2 4	M	
ADDRES	S: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
135 S	WESTMOOI	R AVE D NEWARK, O	H 43055	5												
INJURIES	S INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 9 9	T DOT-COMPLIANT SEATING POSITION O 1		ON AIR BA		EJECTION 1	TRAPPED 1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAF	RGED	LOCAL	OFFENSE DESC	CRIPTION			CITA	CITATION NUMBER			
До н				4511.	19		CODE	DUI			13:			38040824001		
OL CLASS	S ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		OHOL / DRUG SUSPE	CTED	CONDITION	ALCOHOL TEST STATUS TYPE VALUE		VALUE	STATUS	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO			
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ONII #	NAME: LASI, I	-IKSI, WIDDLE												AUL	GENDER	
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o ▼ INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEATING POSITI	ON AIR BA	G USAGE	EJECTION	TRAPPED	
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			BY		=	LCOHOL MAF THER DRUG	RIJUANA	ļ	ļ	ļ	l	l				
INJ	URIES	SEATING POSITION	A	IR BAG		OL CLASS	5	OL RESTRIC	TION(S)		RIVER DISTRA	CTION		TEST STA		
1 - FATAL		1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP					1 - ALCOHOL INTER					1 - NONE GIVEN			
	ED SERIOUS INJURY ED MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOY				2 - CDL INTRASTAT 3 - CORRECTIVE LE	3 - CORRECTIVE LENSES		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATI		ION 3-TEST GIVEN CONTAMINATED				
4 - POSSIBLE		3 - FRONT - RIGHT SIDE	4 - DEPLOY	ED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)			SAMPLE / UNUSABLE			
5 - NO APPARI	5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 9 - DEDLOVA			E M/C MODED ONLY			5 - EXCEPT CLASS A	J- IALKING ON HANDS			VICE 5 - TEST GIVEN, RESULTS					
	INJURED TAKEN BY 5- SECOND - MIDDLE 6- NO VALID OL & C						& CLASS B BUS	JS 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE								
	/TREATED AT SCENE 7-THIRD - LEFT SIDE EJECTION					OL ENDORSE	E LICENSE 5 - OTHER ACTIVITY WIT			THAN	ALCOHOL TEST TYPE					
2 - EMS 3 - POLICE	0 THIRD MIDDLE			CTED H - HAZMAT RESTRICTIONS LY EJECTED M - MOTORCYCLE 9 - LEARNER'S PEI							2 - BL00D					
	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY		EJECTED P - PASSENGER RESTRI			RESTRICTIONS	STRICTIONS 7 - OTHE			- OTHER DISTRACTION 3 - URINE						
SAFETY	SAFETY EQUIPMENT 10 - SLEEPER SECTION OF TRUCK CAB 4 - NOT APPL			11 LIMITED TO EM							4 - BREATH TSIDE 5 - OTHER					
	1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA					R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTHE			ER THE VEHICLE				DRUG TEST TYPE			
2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAF 3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICAT			SPECIAL BRAK			ES, HAND				1 - NONE						
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		MECHAN	ANICAL MEANS Y - TANKER / HA7MAT			CONTROLS, OR O ADAPTIVE DEVI				2 - BLOOD 3 - URINE					
5 - CHILD RESTRAINT SYSTEM – CARGO AREA FORWARD FACING 13 - TRAILING UNIT		3 - FREED B NON-ME	REED BY DN-MECHANICAL MEANS			14 - MILITARY VEHICLES ONLY		2 -	2 - PHYSICAL IMPAIRMENT		4 - OTHER					
	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						15 - MOTOR VEHICLES WITHOUT AIR BRAKES			3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		DRUG TEST RESULT(S)				
	7 - BOOSTER SEAT 15 - NON-MOTORIST						16 - OUTSIDE MIRROR 17 - PROSTHETIC AID			4- ILLNESS		1 - AMPHETAMINES				
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-			6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS		
	10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN								/ ALCOHOL 9- OTHER / UNKNOWN				5 - COCAINE 6 - OPIATES / OPIOIDS			
/ BICYCLE	/ BICYCLE ONLY									,.,	THE CHANGE OF THE CASE OF THE		7 - 0TH	ER		
99 - OTHER / UNKNOWN											8 - NEG	ATIVE RESU	LTS			