OHIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								OCAL RE	PORT NUMB	ER*	
OH-2 NO OH-3 LOCAL INFORMATION								0 0	00	3416	
PHOTOS TAKEN OH-1P C		NCIC*	HIT/S		112	OF UNITS	UNIT IN ERROR				
SECONDARY CRASH PRIVATE PRO	0 4	4 5 0 7	A10 500	OLVED INSOLVED	.0		0 2 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALITY* LOCAT				H DATE / T		I	RASH SEVERITY 1 - FATAL				
3-TOWNSHIP	ATH	ATION ROAD NAME		Taran sanaa	04112				2 - SERIOUS INJURY		
ROUTE TYPE ROUTE NUMBER PREFIX 1 - N 2 - S 3 - E 3 - E 4 - W		ROAD TYPE	0,000,000	ITUDE DE		(4.5)	SUSPECTED 3 - MINOR INJURY				
		PY	4.0.0				SUSPECTED				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - N 2 - S 3 - E	DUSE #)	ROAD TYPE		GITUDE DE			4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE				
The state of the s	T					-82,4				ONLY	
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE 1 - NORTH	ID INTE	ROUTE TYPE RSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE HW - HIGHWAY F	RD - ROAD				TION RELATION OF THE STREET OF	(Cont.)	
3 2-MILE POST 2-SOUTH 3-HOUSE # 3-EAST		SQ - SQUARE									
4 - WEST DISTANCE DISTANCE	SR - STAT	E KUUTE	BL - BOULEVARD CR - CIRCLE		ST - STREET TE - TERRACE	L WIT	HIN INTE		7859	UMBER OF APPROACHES	
FROM REFERENCE UNIT OF MEASURE 1 - MILES		DEDED TOWNSHIP	CT - COURT DR - DRIVE		TL - TRAIL WA - WAY			RO	ADWAY		
2 - FEET	ROUT	E	HE - HEIGHTS	PL - PLACE	VA- WAI	ROA	DWAY DIV	/IDED			
LOCATION OF FIRST HARMFU				I COLLISION/IMPA	СТ	DIRECTION	OF TRAVE	L	MED	IAN TYPE	
201 200 100 100 100 100 100 100 100 100	SSOVER IVEWAY/ALLE	Y ACCESS & B	BETWEEN	- REAR-TO-REAR - BACKING		100	NORTH SOUTH		1 - DIVIDE (< 4 FE	D FLUSH MEDIAN ET)	
└───── 3 - IN MEDIAN 11-RA	ILWAY GRADE	CROSSING V	WO MOTOR EHICLES IN	- ANGLE	FAIDFOTION		EAST	-	1	D FLUSH MEDIAN	
5 - ON GORE TRA	ARED USE PAT AILS	A2000 -0000		- SIDESWIPE, SAMI - SIDESWIPE, OPPO		4 -	WEST		3 - DIVIDE	D, DEPRESSED MEDIAN	
0-0013IDE IIIAI I IOWAI	CE LANE LL BOOTH	3 - H	EAD-ON 9	- OTHER/UNKNOV	WN				(ANY T		
	HER/UNKNOV	VN							9 - OTHER/	UNKNOWN	
WORK ZONE RELATED		RK ZONE TYPE		N OF CRASH IN WO		CONTO	DUR	COL	IDITIONS	SURFACE	
WORKERS PRESENT		CLOSURE SHIFT/CROSSOVER		BEFORE THE 1ST V WARNING SIGN							
LAW ENFORCEMENT PRESENT		ON SHOULDER EDIAN	14 Val 1997	ADVANCE WARNIN TRANSITION AREA			1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETI 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTO				
ACTIVE SCHOOL ZONE	4 - INTER 5 - OTHE	RMITTENT OR MOVING WO	70500	ACTIVITY AREA TERMINATION AR	FΛ		3 - CURVE LEVEL 3 - SNOW BITUMIN				
	5-01HE			TERMINATION AR	LA	4 - CURVE G	RADE	4 - ICE		3 - BRICK/BLOCK	
LIGHT CONDITION 1 - Daylight		WEA 1 - CLEAR	THER 6 - SNOW			9 - OTHER/U	NKNOWN		MUD, DIRT, RAVEL	4 - SLAG, GRAVEL, STONE	
1 2 - DAWN/DUSK	0.	4 2 - CLOUDY	7 - SEVERE	CROSSWINDS	CNOW			6 - WATEI MOVII	R (STANDING	11 CONTROLLER	
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED		3 - FOG, SMOG, SMO 4 - RAIN		G RAIN OR FREEZI				7 - SLUSH		9 - OTHER/UNKNOWN	
5 - DARK – UNKNOWN ROADWAY LI 9 - OTHER / UNKNOWN	GHTING	5 - SLEET, HAIL	99 - OTHER	UNKNOWN				9 - OTHER	RVUNKNOWN		
NARRATIVE									1 .	Indicate the north	
Unit 1 was traveling wes	st on Ce	ntral Pkwy. U	nit 2						$-\langle$	direction with an "N" on the	
was in a private drive or		-				ScenePD ™ - Ev	caluation Edition			compass diagram.	
Pkwy. Unit 2 attempted	to mak	e a left turn o	nto		Evaluatio	Evaluation E					
Central Pkwy. Unit 2 dro		•	nit 1.	Evaluation Edition	uation Edition			Evaluatio	Evaluation E	Edition	
Unit 1 struck the left sid	e of Uni	t 2.		Food	Central Play	Evaluation Edition	Evaluation I dition	Edition			
				Evaluation Edition			➤ Evaluation	Evaluation		Edition	
				Evalu	Evaluation	Evaluation En	dition	E-SILION PI	rivate Drive	-	
				Evaluation Ertition	Lyulustion Edition Evaluation Edition						
	Evaluation Edition	Evaluation Edition Evaluation Edition									
		.' /	N Fualisation 5	Evaluation	Evaluation Evaluation	Evaluation 8	Sution				
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Not 70 Scale											
				_		Evaluation E	Evaluation I	Evaluation Edition	Evaluation E n Edition		
				Evaluation Edition	Evaluation uation Edition						
CRASH REPORTED DATE / TIME	DISPA	TCH DATE / TIME	ARI	RIVAL DATE / TIME		SCENE C) 908-4777 LEARED I	DATE / TIN		REPORT TAKEN BY	
04112024 1216 0	4,1,1,2	024 1220	0411	2,024, 1	2210	4112	2024	1,3	04	POLICE AGENCY	
TOTAL TIME OTHER	TOTAL MINUTES	officer's name* Peterson	<u>— p — t — t — t — t — t — t — t — t — t </u>	C₁	HECKED BY OFFI		_			MOTORIST	
ROADWAY CLOSED INVESTIGATION TIME		larkley	BY OFFICER'S	S DADOF 1	JIIMBED*	[SUPPLEMENT (CORRECTION or ADDITION TO AM EXISTING REPORT SENT TO ODPS)				
	4 4	0 7 -	BADGE NUMBER		0 7	- UFFICER'S	1	4	7	control constrainted and Seat (MARLOS)	

OHIO DEF OF PUBLI SAFETY - SERVI	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0 2 4 - 0 0 0 0 3 4 1 6								
UNIT #								DATE OF BIRTH AGE GENDER								
01	BAUGHMAN, MARSHA MARIE						0 4 / 1 6 / 1 9 9 2 3 1 F									
2	: STREET, CITY, STATE, ZIP EASANT LEE DR HEATH, OH 43056								CONTACT PHONE - INCLUDE AREA CODE							
5		EMS AGENCY (NAME)	JJ0	INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	IT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
NON 5	TAKEN BY						((IAME, 0111)	USED 0 4		T-COMPLIAN HELMET	NT	1		1	1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN				OFFENSE DESC	RIPTION			CITA	CITATION NUMBER			
о н					CODE											
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER STRACTED	_	DHOL / DRUG SUSPE	ECTED RIJUANA	CONDITION	STATUS	ALCOHO TYPE	L TEST VALUE	STATUS		G TEST(S RESULT	SELECT UP TO 4	
4	 		BY	1	=	THER DRUG	NIJUANA	1	1 ,	1	•	1	1			
UNIT #	NAME: LAST, FIRST, MIDDLE									D	ATE OF BIRTH			AGE	GENDER	
0 2	EVANS, D	AVID L							0 3 / 2 5 / 1 9				8	7 6	M	
1	STREET, CITY, ST								CONTA	CT PHO	PHONE - INCLUDE AREA CODE					
		NEWARK, OH 4305	5	I		MEDICAL FACILITY		CAFETY FOUNDMENT			CEATING DOCUM	011 415 54		LEURATION		
INJURIES 5	TAKEN BY	EMS AGENCY (NAME)		INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CIT OFFENSE CHARGED LOCAL			SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT SEATING POSITION OF T			ON AIR BA		EJECTION 1	TRAPPED 1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN				LOCAL OFFENSE DESC					CITATION NUMBER			
ОН					331.22 CODE			331.22			14!			15041124001		
OL CLASS	ENDORSEMENT SELECT UP TO 2							CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
4			ВУ	1	=	LCOHOL L MAF THER DRUG	RIJUANA	1	1	1		1	1			
UNIT #	NAME: LAST, F	FIRST, MIDDLE			Ц	THER DRUG					ATE OF BIRTH			AGE	GENDER	
	·									1 1	1 1 1 1	1 1		1 1	ļ. ,	
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE							
											1 1					
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	STATE OPERATOR LICENSE NUMBER OFFE			OFFEN	EEENSE CHADCED LOCAL			OFFENSE DESC	DIRTION			CITA	CITATION NUMBER			
OLSIAIE	OPERATOR L	ICENSE NUMBER		UFFER	OFFENSE CHARGED LOCAL CODE			UFFENSE DESC	RIPIIUN			CITA	OTTATION NOMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		VER ALCOHOL / DRUG SUSPEC		CTED	CONDITION	ALCOHOL TEST STATUS TYPE VALUE S			CTATUE	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO				
	SELECT UP TO 2		BY	TRACTED	=	_	RIJUANA		STATUS	ITTE	VALUE	STATUS	TYPE	. KESULI	SELECT UP TO 4	
LILINT	RIES	SEATING POSITION		AIR BAG	☐ 0 ⁻	THER DRUG OL CLASS		OL RESTRIC	TION(S)	L DR	IVER DISTRA	CTION		TEST STA	TIIS	
1 - FATAL	AVI - C	1 - FRONT - LEFT SIDE	1 - NOT DE	PLOYED		1 - CLASS A		1 - ALCOHOL INTER			NOT DISTRACTED			IE GIVEN		
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY MINOR INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOY 3 - DEPLOY			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		I	MANUALLY OPERATI ELECTRONIC COMMU	NICATION		T REFUSED T GIVEN, CON	TAMINATED	
4 - POSSIBLE IN	JJURY	3 - FRONT - RIGHT SIDE	4 - DEPLOY	'ED BOTH FRO	NT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER			DEVICE (TEXTING, T' DIALING)	YPING,	SAW	IPLE / UNUSA	BLE	
5 - NO APPAREN	IT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT AP 9 - DEPLOY	PLICABLE 'MENT UNKN	OWN	5 - M/C MOPED ONLY		5 - EXCEPT CLASS			ALKING ON HANDS- COMMUNICATION DE		5-TES	T GIVEN, RES	ULTS KNOWN ULTS	
INJURED 1 - NOTTRANSP	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO			ALKING ON HAND-H			(NOWN		
/TREATED AT		7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	Marian Marian	JECTION		OL ENDORSE	MENT	8 - INTERMEDIATE		5 - (THER ACTIVITY WI	TH AN	1 - NON		ST TYPE	
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJI 2 - PARTIA	ECTED LLY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	MIT		ELECTRONIC DEVICE Passenger		2 - BL0			
9 - OTHER / UNK	KNOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3 - TOTALL			P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY			OTHER DISTRACTION		3 - URII 4 - BRE			
SAFETY E	QUIPMENT	OF TRUCK CAB	4 - NOT AP	PLICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EM		8-0	THER DISTRACTION		5 - OTH			
1 - NONE USED 2 - SHOULDER B	DELT ONLY HEED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	1 - NOT TRA	RAPPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D			THE VEHICLE OTHER / UNKNOWN		DR	UG TEST	TYPE	
3 - LAP BELT ON		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRIC	ATED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR O	ES, HAND		CONDITION		1 - NON			
4 - SHOULDER & LAP BELT USED 12 - 5 - CHILD RESTRAINT SYSTEM –		12 - PASSENGER IN UNENCLOSED CARGO AREA	NICAL MEANS BY X-TANKER/HAZMAT			ADAPTIVE DEVI	CES) 1 - APPARENTLY NORMAL :LES ONLY 2 - PHYSICAL IMPAIRMEN		APPARENTLY NORMA	ιL	2 - BLOOD 3 - URINE					
FORWARD FA	FORWARD FACING 13 - TRAILING UNIT - CHILD RESTRAINT SYSTEM REAR FACING 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		NON-MECHANICAL MEANS						14 - MILITARY VEHICLE		4 - OTHER ED,					
			.UK				AIR BRAKES 16 - OUTSIDE MIRRO	ANGRY, DISTURBED		NGRY, DISTURBED)				SULT(S)		
7 - BOOSTER SE 8 - HELMET USI		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AII	5- F	5 - FELL ASLEEP, FAINTED,			1 - AMPHETAMINES 2 - BARBITURATES			
9 - PROTECTIVE	PADS USED							18 - OTHER		6- U	ATIGUED, ETC. NDER THE INFLUEN			IZODIAZEPIN	ES	
ELBOW, KNE) 10 - REFLECTIVE									OF MEDICATIONS / DRUGS / ALCOHOL				4 - CANNABINOIDS 5 - COCAINE			
11 - LIGHTING - F	PEDESTRIAN								9- OTHER / UNKNOWN				6 - OPIATES / OPIOIDS			
99 - OTHER / UNK													7 - 0TH 8 - NEG	ER ATIVE RESU	LTS	

Ũ	OHIO DEPARTMENT OF PUBLIC SAFETY OF PUBL									RT NUMBER 0 0 3	4 1	6			
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
ı	01	BAUGH	MAN, LANDON W		0 5 / 1 5 / 2 0 1 9 4 M										
NV	ADDRESS	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
OCCUPANT			LEE DR HEATH, OF	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED											
	. 5	INJURED TAKEN BY 1	EMS AGENCY (NAME) Heath FD		INJURED TAKEN TO: MEDICAL FACILIT	DOT-COMPLIANT MC HELMET	O 6	AIR BAG USAGE	1 1	1 1					
2	UNIT #		T, FIRST, MIDDLE	DATI	E OF BIRTH		AGE	GENDER							
	02		HOUSE, RANDOLP	H DALE				1 1 / 0		.6.2	6 ₁ 1 ₁	M			
I N		: STREET, CITY,	•	II DALL				CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	983 HO	PEWELL	DR HEATH, OH 43	056											
ă	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
	_5	BY					USED 0 4	MC HELMET	0 3	1	1	_1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE		DATI	E OF BIRTH		AGE	GENDER						
MA	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	THE HIDTES	TAN HINES				T SEATING POSITION AIR BAG USAGE				TRAPPED					
ı	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING PUSITION	AIR BAG USAGE	EJECTION	TRAPPED			
5	UNIT #		T FURDIT MARRIE						E OF BIRTH		AGE	GENDER			
	UNII #	NAME: LAS	T, FIRST, MIDDLE					DATI	LUFBIKIN		AGE	GENDER			
L	ADDRESS	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT								TOTAL MODE AREA GODE							
8	INJURIES INJURED EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			DOT C	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
ı	1 1	TAKEN BY				USED	DOT-COMPLIANT MC HELMET	1 1 1							
Ī		INJU	JRIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA	AL		1 - NONE US			T - LEFT SIDE								
	4 - POSSIBLE INJURY 3 - LAP BELT			ER BELT ONLY USED		ORCYCLE DRIV IT – MIDDLE	EK)	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE							
					3 - FRON	T – RIGHT SIDE									
				ER & LAP BELT USED		ND – LEFT SIDI ORCYCLE PASS		4 - DEPLO' FRONT/							
	5 - CHILD RE				ESTRAINT SYSTEM -		ND – MIDDLE		5 - NOT AP						
	1 NOT		TAKEN BY	FORWARI	ESTRAINT SYSTEM –		ND – RIGHT SII D – LEFT SIDE)E	9 - DEPLO						
	1 - NOT TRANSPORTED 6 - CHILD RE /TREATED AT SCENE REAR FA					(MOT	ORCYCLE SIDE	CAR)							
	2 - EMS 7 - B00STER			SEAT		D – MIDDLE D – RIGHT SIDE		1 - NOT EJECTED							
	3 - POLICE 8 - HELMET						PER SECTION (2 - PARTIA						
	9 - OTH	ER/UNKNO	OWN		TVE PADS USED KNEES, ETC.)		ENGER IN OTH O AREA (NON-TI		3 - TOTALLY EJECTED 4 - NOT APPLICABLE						
					IVE CLOTHING		PICK-UP WITH CA								
					G – PEDESTRIAN	ENGER IN UNE O AREA	NCLOSED	TRAPPED							
				/ BICYCLI		LING UNIT		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL							
				77-UINEK/	DINKINOWN	14 - RIDING ON VEHICLE (NON-TRAILING UNIT)		EXTERIOR	ATED BY WESTANISAE						
							MOTORIST		3 - FREED MEANS	BY NON-ME	CHANIC	AL			
۹	NAMELLA	ST, FIRST, MIDD	J.E			99 - OTHE	R / UNKNOWN	l DATI	E OF BIRTH		AGE	GENDER			
SS	NAME: LA	51, F1K51, WIDD	ice.					DAII			AUL	GENDER			
WITNESS	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE		DE					
3									<u></u>	<u></u>	<u></u> _				
S	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
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S	NAME: LAST, FIRST, MIDDLE							DATI	AGE	GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE WOUND ACT						
MI									CONTACT PHONE - INCLUDE AREA CODE						
											<u> </u>				