OFFICIAL TRAFFIC CRASH	REPORT *DENOTES MA	NDATORY FIELD FOR SUPP	PLEMENT REPORT	L	OCAL REPORT NUM					
OH-2	2024-	0000	3 4 5 5							
PHOTOS TAKEN OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR				
SECONDARY CRASH PRIVATE PROPERTY	Heath PD	04507	1 - SOLVED	0 1	0 1 98 - ANIMAL 99 - UNKNOWN					
COUNTY* LOCALITY* LOCATION: CITY		CRASH DATE / 1		CRASH SEVERITY 1 - FATAL						
4 5 1 2 - VILLAGE HEATH	04122024, 1234 3 2 - SERIOUS INJURY									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE	Principle processed by the seate by	SUSPECTED				
3 - EAST 4 - WEST	HEATH		RD	40,022	8 3 4	3 - MINOR INJURY SUSPECTED				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	371			-82,456	9 1 3	5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION REL	ATED				
3 2-MILE POST 2-SOUTH US-		- ALLEY HW - HIGHWA` - AVENUE LA - LANE	/ RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON AP	PROACH				
3 - HOUSE # 3 - EAST	STATE ROUTE BL	- BOULEVARD MP - MILEPOS		WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES				
DISTANCE DISTANCE CR - FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE I	- CIRCLE OV - OVAL - COURT PK - PARKWA	TE - TERRACE Y TL - TRAIL		ROADWAY					
2-FEET	ROUTE	- DRIVE PI - PIKE	WA - WAY	ROADWAY DIVIDED						
		- HEIGHTS PL - PLACE								
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER	1 - NOT	NER of CRASH COLLISION/ COLLISION 4-REAR-TO-R		DIRECTION OF TRAVE 1 - NORTH		EDIAN TYPE DED FLUSH MEDIAN				
0 2 2 - ON SHOULDER 10-DRIVEWAY/	TWO	WEEN 5-BACKING MOTOR CLESIN 6-ANGLE		2 - SOUTH	(< 4	FEET) DED FLUSH MEDIAN				
4 - ON ROADSIDE 12-SHARED US	VEN	OLLO IN	, SAME DIRECTION	3 - EAST 4 - WEST	(≥4	FEET)				
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAF 3 - HEAI		, OPPOSITE DIRECTION		1	DED, DEPRESSED MEDIAN DED, RAISED MEDIAN				
7 - ON RAMP 14 - TOLL BOOTH	4	y o men	Terro verie			TYPE) R/UNKNOWN				
8-OFF RAMP 99-OTHER/UN		1		CONTOUR	CONDITIONS	SURFACE				
WORK ZONE RELATED	WORK ZONE TYPE Lane closure	LOCATION OF CRASH : 1 - BEFORE THE	1ST WORK ZONE	CONTOUR 3	2	2				
	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SI 2 - ADVANCE WA		1 - STRAIGHT LEVEL	<u> </u>	1 - CONCRETE				
LAW ENFORCEMENT PRESENT	or MEDIAN	☐ 3 - TRANSITION	AREA	REA 2 - STRAIGHT GRADE 2 - WET 2 - BLA						
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AR 5 - TERMINATIO		3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT				
LIGHT CONDITION	WEATHE	D		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIR	3 - BRICK/BLOCK				
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		9-01HER/UNKNOWN	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,			6 - WATER (STANDI MOVING)	NG, 5 - DIRT				
4 - DARK — ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FE			7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOW	'N				
NARRATIVE		F 1 1 1				Indicate the north				
Unit 1 was traveling west on	Heath Rd. Unit 1	Irove			+	direction with an "N" on the				
off the right side of the roads	way and struck a fe	ence.		ScenePD ™ - Evaluation Edition		compass diagram.				
			Evaluation Evaluation Edition	Evaluation Edition						
		Evaluation Ed	tion		Evaluation Edition	on Edition				
		-	Evaluation Edition	Evaluation Edition n Edition	Land UT					
		Evaluation Ed	uon Fe	nce Evaluation	Evaluation Edition	on Edition				
		Evaluation	Evaluation Edition	Evaluation Edition						
		to 7 de report C		Heath Reguluation	Evaluation Edition Edition	on Edition				
		Evaluation Ed	Evaluation Edition tion	n Edition						
				Not To Scale Evaluation Evaluation	Evaluation Edition	on Edition				
		Evaluation Ed	Evaluation Edition tion		English	on Edition				
		_	Evaluatio	Evaluation Edition	Evaluation Edition					
		Evaluation Ed	Evaluation Edition							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE /	TIME	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY				
04122024 1234 041	22024 1237	04122024	12400	4122024	1,3,1,1	X POLICE AGENCY				
TOTAL TIME OTHER TOTAL	OFFICER'S NAME*		CHECKED BY OFFI			MOTORIST				
ROADWAY CLOSED INVESTIGATION TIME MINUT	i ctci30ii		Markley			SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				
3,1,3,1	0 7 -	1 4 5	0 CHECKED	BY OFFICER'S BADGE N	1UMBER* 7	10 am CAISTING REPORT SENT TO UIPS)				

J FIRST HARMFUL EVENT

2

■ MOST HARMFUL EVENT

3 5

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0	2		OCAL REI			4 5	5				
UNIT # NAME: LAST, FIRST, MIDDLE CHANDLER, LOGAN DAVID						0 8		ATE OF	BIRTH	9 9 9	2	AGE 2 4	GENDER M				
2	STREET, CITY, S								CONT	ACT PHO	NE - INC	LUDE AREA (CODE	_			
262 MAIN ST NEWARK, OH 43055 INJURED INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, GITY) SAFETY EQUIPMENT											CEAT	ING POSITIO	IN ATD DAY	HOARE	FIFOTION	TRADDED	
INJURIES 5	TAKEN BY	EMS AGENCY (NAME)		INJUKED	TAKENTO	; WEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 4		T-COMPLIA	ANT	_	AIR BAI	G USAGE	EJECTION 1	TRAPPED 1	
OL STATE	OPERATOR I	LICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC				CITA	CITATION NUMBER				
Д О Н				331.3	84		CODE	ALL OTHER	OFFENSES			145041224001					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS	ALCOH TYPE		LUE	STATUS	DRU(TYPE	RESULT	SELECT UP TO 4	
6			".	1		THER DRUG	NIO O ANTA	1	1	1	• 📖		_1	_1			
UNIT#	NAME: LAST,	FIRST, MIDDLE	'					•			ATE OF	BIRTH			AGE	GENDER	
ADDRESS:	: STREET, CITY, S	TATE, ZIP							CONT	ACT PHO	NE - INC	LUDE AREA (CODE				
		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		T 0	SEAT	ING POSITIO	N AIR BAG	USAGE	EJECTION	TRAPPED	
	TAKEN BY							USED		T-Complia HELME		1					
OL STATE	OPERATOR I	LICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	ESCRIPTION			CITATION			UMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSP		CONDITION	STATUS	ALCOH TYPE		LUE	STATUS	DRU(RESULT	SELECT UP TO 4	
			ВУ		=	LCOHOL MAI THER DRUG	RIJUANA	ļ			l					0 0 1	
UNIT #	NAME: LAST,	FIRST, MIDDLE			<u> </u>	THERDROG				<u> </u>	ATE OF	BIRTH			AGE	GENDER	
												1 1	1 1	_ _			
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONT	ACT PHO	NE - INC	LUDE AREA (CODE				
	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-Compli	ANT	ING POSITIO	IN AIR BAG	USAGE	EJECTION	TRAPPED	
OL STATE	BY	I TOENCE NUMBER		OFFEN	CE CUAI	OCE D	LOCAL	OFFENSE DESC	MC HELMET				CITA	TTON N	UMBER		
DE STATE	OL STATE OPERATOR LICENSE NUMBER		OFFER	OFFENSE CHARGED LOCAL OFFENSE D			OFFENSE DESC	SCRIFTION				TON NOMBER					
OL CLASS	ENDORSEMENT SELECT UP TO 2	T RESTRICTION SELECT		VER Tracted	ALC	DHOL / DRUG SUSP	ECTED	CONDITION	STATUS	ALCOHO		T LUE	STATUS	DRU(G TEST(S	SELECT UP TO 4	
			BY	IKAGILE	=	_	RIJUANA										
INJU	JRIES	SEATING POSITION	A	AIR BAG	Шυ	THER DRUG OL CLAS	s	OL RESTRIC	TION(S) D	•∟∟ RIVER	DISTRAC	TION	i	IEST STA	TUS	
1 - FATAL	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			NOT DIST	RACTED LY OPERATIN	IC AN		E GIVEN T REFUSED		
3 - SUSPECTED		2 - FRONT - MIDDLE	3 - DEPLOY	ED SIDE		3 - CLASS C		3 - CORRECTIVE LE		2-	ELECTRO	NIC COMMUN TEXTING TY	VICATION	3-TEST	T GIVEN, CON		
5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE 5 -		4 - DEPLOY	ED BOTH FRO	ONT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS	3.	DIALING)			SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNO				
	TAKEN BY	(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		MENT UNKN	OWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	4		COMMUN	ICATION DEV ON HAND-HE	ICE		T GIVEN, RES MOWN	ULTS	
1 - NOTTRANSP /TREATED A	ORTED	6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	-	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO		3	COMMUN	ICATION DEV	ICE -	ALC	OHOL TES	ST TYPE	
2 - EMS	I SCENE	(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT	WENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		ELECTR0	CTIVITY WITH NIC DEVICE	H AN	1 - NON 2 - BLO			
3 - POLICE 9 - OTHER / UNK	KNOWN	8-THIRD = MIDDLE 9-THIRD = RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED 'EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MIT		PASSENG OTHER DI	ER STRACTION		3 - URIN	NE		
	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP			N - TANKER		10 - LIMITED TO DAY				STRACTION		4 - BRE 5 - OTH			
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE	R		THE VEHI				UG TEST	TYPE	
2 - SHOULDER E 3 - LAP BELT ON	BELT ONLY USED NLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRA 2 - EXTRICA			S - SCHOOL BUS T - DOUBLE & TRIPLE	TDAILEDS	13 - MECHANICAL D (SPECIAL BRAK	ES, HAND			NDITION		1 - NON			
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHAN 3 - FREED B	NICAL MEAN: BY	S	X - TANKER / HAZMAT		CONTROLS, OR O ADAPTIVE DEVI	CES)			TLY NORMAL	-	2 - BL00 3 - URIN			
FORWARD FA		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR		CHANICAL M	IEANS			14 - MILITARY VEHIOLE 15 - MOTOR VEHICLE				. IMPAIRMEN AL (E.G., DEPR	ESSED,	4 - OTH			
REAR FACIN		(NON-TRAILING UNIT)						AIR BRAKES 16 - OUTSIDE MIRRO	R		ANGRY, DIST				HETAMINES	SULT(S)	
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AII		5-		EEP, FAINTEI	О,	2 - BAR	BITURATES		
9 - PROTECTIVE (ELBOW, KNI	E PADS USED							18 - OTHER		6-	UNDERTH	E INFLUENC			ZODIAZEPIN NABINOIDS	E\$	
10 - REFLECTIVE	E CLOTHING										/ALCOHOL		פטנ	5 - 000	AINE		
11 - LIGHTING - / BICYCLE OF	NLY									9-	OTHER/U	NKNOWN		6 - OPIA 7 - OTH	ATES / OPIOIC ER	15	
99 - OTHER / UNKNOWN															8 - NEGATIVE RESULTS		

OCCUPANT / WITNESS ADDENDUM								2024	- 0 0	O O 3	4 5	5			
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDI						
ļ.	ADDRESS: STREET, CITY, STATE, ZIP														
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TV (NAME CITY)	SAFETY EQUIPMENT	T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
ı	·	TAKEN BY	Emo Adenoi (MAWE)		INSURES TAKEN TO. MEDIONE I NOILL	TT (WAME, OITT)	USED	DOT-COMPLIANT MC HELMET	AIR BAG COAGE		I KAI I LD				
8	UNIT #	NAMF: AS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE							
ı		NAME: EAS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						- O. D.M.						
ANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE					
OCCUPAN								1 1 1	1 1		1	1 1			
ĕ	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
		BY				USED	MC HELMET								
ľ	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATI	AGE	GENDER					
OCCUPAN	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE					
	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	SAFETY EQUIPMENT		EJECTION TRAPPED							
ı	INJUNIES	TAKEN BY	LING AGENCY (NAME)		1930RED TAKEN TO, MEDICAL TAGILI	IT (NAME, CITY)	USED	DOT-COMPLIANT MC HELMET	SEATING FUSITION	AIN DAG OSAGE	LULUTION	TRAPPED			
8	UNIT #	NAME: LAS	T. FIRST, MIDDLE					DATI	E OF BIRTH		AGE	GENDER			
ı	UNIT # NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP														
ANT									CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN															
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN' USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
▋		BY						☐ MC HELMET							
	1 - FATA		IRIES	1 - NONE US	EQUIPMENT USED		T – LEFT SIDE	ITION		AIR BAG US	SAGE				
			RIOUS INJURY		OCCUPANT	ORCYCLE DRIV	1 - NOT DEPLOYED 2 - DEPLOYED FRO								
	3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 2 - SHOULDE 3 - LAP BEL				ER BELT ONLY USED	T – MIDDLE T – RIGHT SIDE		3 - DEPLOYED SIDE							
						4 - SECO	ND – LEFT SIDE	Ī	4 - DEPLOYED BOTH						
	5 - NO A	PPARENT I	NJURY		ER & LAP BELT USED ESTRAINT SYSTEM –	ORCYCLE PASS ND – MIDDLE	ENGER)	FRONT/SIDE 5 - NOT APPLICABLE							
ı	INJURED TAKEN BY FORWARD				FACING	6 - SECO	ND – RIGHT SIC	DE 9 - DEPLOYMENT UNKNOWN							
	1 - NOT TRANSPORTED 6 - CHILD RE /TREATED AT SCENE REAR FAI				ESTRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE								
	2 - EMS 7 - B00STER						D – MIDDLE		1 - NOT EJ		•				
	3 - P0LI	ICE		8 - HELMET	USED		D – RIGHT SIDE PER SECTION (2 - PARTIALLY EJECTED						
					IVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALLY EJECTED						
					IVE CLOTHING	CARGO AREA (NON-T BUS, PICK-UP WITH CA			4 - NOT APPLICABLE TRAPPED						
					G – PEDESTRIAN	ENGER IN UNE O AREA	NCLOSED								
				/ BICYCLI			LING UNIT		1 - NOT TRAPPED 2 - EXTRICATED BY MECHAN		ECHANIC	١Δ'			
	77 - OTHER/				NIMONNIN	14 - RIDING ON VEHICLE (NON-TRAILING UNIT)		EXTERIOR	MEANS			AL			
							MOTORIST R/UNKNOWN		3 - FREED BY NON-MI MEANS		ECHANICAL				
ľ	NAME: LAS	ST, FIRST, MIDD	LE					DATI	E OF BIRTH		AGE	GENDER			
WITNESS			EY DAVID					0 4 / 2			3 2	M			
MIT	ADDRESS: STREET, CITY, STATE, ZIP 350 WHILEY ST LANCASTER, OH 43130								CONTACT PHONE - INCLUDE AREA CODE 7						
5		ST, FIRST, MIDD		.3130				DATE OF BIRTH AGE GENDER							
ESS								DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
9															
SS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
Š															