OHIO DEPARTMENT OF PUBLIC SAFETY SERVICE - PROTECTION	RASH R	-			PORT NUMBER										
OH-2 COH-3 LOCAL INFORMATION) 2 4	- 0 (003	8 4 9 4			
PHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME* SECONDARY CRASH PRIVATE PROPERTY Heath PD						0 4 5 0 7 1-SOLVED				0	ER OF UNITS				
COUNTY* LOCALITY*	L	L L L L 2 - UNSOLVED L L L L					ASH SEVERITY								
4 5 1 2-1	CITY	ATION: CITY, V IEATH	04132024 1114 5 1- FATAL 2- SERIOUS INJURY												
			ROAD TYPE		LATITUDE D	ECIMAL DEGRE		SUSPECTED							
ROUTE TYPE ROUTE NU	2 3	- SOUTH - EAST - WEST	30TH				ST	4 0	0 3 2	3 J	3 - MINOR INJURY SUSPECTED				
	UMBER PREFIX 1		FERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TY												
ROUTE TYPE ROUTE NU	3 1				,L ,A	-82 4 4 3 1 2 4 5- PROPERTY DA									
REFERENCE POINT		ROAD TYPE	1			INTERSE	TION RELATE								
1 - INTERSECTION 2 - MILE POST	FROM REFERENCE 1 - NOR 2 - SOU	TIL	TERSTATE ROUTE(T				RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH							
3 - HOUSE #	3 - EAS' 4 - WES	T 03-FE	DERAL US ROUTE ATE ROUTE			MP - MILEPOST	ST - STREET								
DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL TE - TERRACE									ROADWAY						
FROM REFERENCE UNIT OF MEASURE 1 - MILES 1 - NUMBERED TOWNSHIP ROUTE TR - NUMBERED TOWNSHIP ROUTE TR - NUMBERED TOWNSHIP ROADWAY DIVIDED															
2-FEET ROUTE HE - HEIGHTS PL - PLACE															
LOCATION 1 - ON ROADWA	N OF FIRST HARM AY 9 - C	FUL EVENT ROSSOVER				COLLISION/IM - REAR-TO-REA		DIREC	TION OF TRAVI	EL		N TYPE FLUSH MEDIAN			
0 1 2 - ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS 6 BETWEEN TWO MOTOR 5 - BACKING									1-NORTH 2-SOUTH	Γ)					
3 - IN MEDIAN 4 - ON ROADSIE	DE 12-S	SHARED USE	DISTREMENTAL STREET		CLEGIN	- ANGLE - SIDESWIPE, S	AME DIRECTION		3 - EAST 4 - WEST		(≥4 FEE	5. 10			
5 - ON GORE 6 - OUTSIDE TR	10.5	TRAILS BIKE LANE		2 - REAR 3 - HEAD		SIDESWIPE, 0 OTHER / UNK	PPOSITE DIRECTION	I	3 - DIVIDED, DEPRESSED I 4 - DIVIDED, RAISED MEDI						
7 - ON RAMP	14-1	TOLL BOOTH	100010		(ANY TYPE) 9 - OTHER/UNKNOWN										
8 - OFF RAMP	99-0	OTHER / UNKN								1					
WORK ZONE RELA	TED		VORK ZONE TYPE NE CLOSURE			I OF CRASH IN BEFORE THE 15		"	ONTOUR 1	Cui	NDITIONS 1	SURFACE 2			
WORKERS PRESEN	NT	2 - LA	NE SHIFT/CROSSOVE	R		WARNING SIGN ADVANCE WARI		1 975	AIGHT LEVEL	1 - DRY		1 - CONCRETE			
LAW ENFORCEMEN	NT PRESENT L	OR OR	RK ON SHOULDER MEDIAN			TRANSITION AF	REA		AIGHT GRADE			2 - BLACKTOP,			
ACTIVE SCHOOL ZO	ONE	4 - IN 5 - OT	TERMITTENT OR MOV HER	'ING WORK		ACTIVITY AREA TERMINATION		3 - CUF	RVE LEVEL	3 - SNOW		BITUMINOUS, ASPHALT			
	CONDITION			WEATHE	D			4 - CURVE GRADE 4 - ICE 3 - 1 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT,							
1 - DAYLIGHT	CONDITION		1 - CLEAR	WEATHE	6 - SNOW			9-01H	IER/UNKNOWN	OIL, G					
2 - DAWN/DUSK 3 - DARK – LIGH	7 - SEVERE O	ROSSWINDS SAND, SOIL, DI	RT SNOW				6 - WATER (STANDING, MOVING) 5 - DIRT								
4 - DARK – ROAI	RAIN OR FRE			7 - SLUSI	4	9 - OTHER/UNKNOWN									
5 - DARK – UNKI 9 - OTHER / UNK	NOWN ROADWAY KNOWN	LIGHTING	5 - SLEET, I	HAIL	99 - OTHER/	UNKNOWN				9 - 0THE	R/UNKNOWN				
NARRATIVE						4 1					NY.	Indicate the north			
Unit 1 was tra	aveling ea	st on M	cDonald La	ne. Ur	nit 2							direction with an "N" on the			
was traveling	north on	S. 30th	St. Unit 1	had th	e			ScenePl	o ™ - Evaluation Edition	1		compass diagram.			
green light ar						-	Evaluati	Eval ion Edition	uation Edition						
30th St. Unit		_	•	-		Evaluation Edition	Evaluation Edition S 4008	,	8	Evaluatio	Evaluation Editi	on			
2 drove into t	the path o	f Unit 1	and was st	ruck ir	1 the		S Evaluati	Eval	uation Edition	n Edition	lot To Scale	- -			
left side.						Evaluation Edition			Evaluatio	Evaluatio	Evaluation Editi	on			
						Evaluation Edition	Evaluation Edition	Eval ion Edition	uation Edition	-					
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Evaluation Edition Edition															
McDonald Lane Evaluation Foliation Evaluation Edition															
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CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY															
04132024	1,1,1,4	0413	2024 1	1,1,7,0	4132	024	1119	41	3 2 0 2	4 1,1	L 4 9 🗵	POLICE AGENCY			
TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES Deterson							CHECKED BY OFF	FFICER'S NAME*							
ROADWAY CLOSED INVESTIGATION TIME MINUTES Peterson Ma OFFICER'S BADGE NUMBER*							Markley	Y SUPPLEMENT (CORRECTION OF ADDITION 10 AND EXISTING REPORT SENT TO 0.0F3)							
<u> </u>	3 0	3 0	0 7	- IOEK.2 RAD	1 , 4		0 7	51 UFFIL	TERS BADGE	4	7	CONTRACTOR OF STREET			

J FIRST HARMFUL EVENT

1

OHIO DEI OF PUBL SAFETY - SERV	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST									2 0 2 4 - 0 0 0 0 3 4 9 4									
UNIT # 0 1	1										DATE OF BIRTH AGE GENDER 1 1 / 2 6 / 1 9 5 6 6 7 F								
	COOK, ANTOINETTE LOVELL DDRESS: STREET, CITY, STATE, ZIP											1 1 / 2 6 / 1 9 5 6 6 7 F							
2			.						CUNIA	ACT PHUI	NE - INC	LUDE AREA	CODE			.∎.			
₽	556 WOODLAND CT HEATH, OH 43056 INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT												ON AIR BA	AG USAGE	EJECTION	TRAPPED			
NON 5	TAKEN BY	USED				USED 0 4	DOT-COMPLIANT O 1			, 1	1		1	1					
OL STATE	OL STATE OPERATOR LICENSE NUMBER				SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION	N .				ATION N					
EO H																			
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER Tracted	_	DHOL / DRUG SUSPI	E CTED RIJUANA	CONDITION	STATUS	ALCOHO TYPE		LUE	STATUS		G TEST(S RESUL	SELECT UP TO 4			
4			BY	1	=	THER DRUG	KIJUANA	1	. 1	1		1 1	. 1	1		11 11 1			
UNIT #	NAME: LAST, F	AST, FIRST, MIDDLE							DATE (BIRTH			AGE	GENDER			
0 2	MOSCYNS	SKI, ANDRIA MARIE					__ / __ 2	'			6	3 8	F						
ADDRESS	: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE										
1061 L	IZABETH C	R HEATH, OH 43056	1																
INJURIES 5	INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME,			(NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT			ING POSITIO	ON AIR BA	AG USAGE	EJECTION 1	TRAPPED 1			
OL STATE				OFFENSE CHARGED LOCAL				OFFENSE DESC	CRIPTION			CITA	CITATION NUMBER						
Вон		The state of the s			313.01 CODE			313.01						145041324001					
OL CLASS	ENDORSEMENT SELECT UP TO 2							CONDITION	STATUS	ALCOHO TYPE	OHOL TEST YPE VALUE S			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4					
4			ВУ	8	=		RIJUANA	1	1	1			1	1					
UNIT #					8 OTHER DRUG							DATE OF BIRTH			AGE	GENDER			
	Section 1 Through made 2																		
	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE									
E COLOR												1	1	1					
INJURIES	IRIES INJURED EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED					T-COMPLIA	NT	ING POSITIO	ON AIR BA	AG USAGE	EJECTION	TRAPPED			
OL STATE	OL STATE OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL			OFFENSE DESC	CRIPTION			CITA	CITATION NUMBER							
	E UPERATOR LICENSE NUMBER				CODE			OTTENSE SES											
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	IVER ALCOHOL / DRUG SUSPI			ECTED	CTED CONDITION		ALCOHOL TEST STATUS TYPE VALUE S			STATUS	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4						
	3ELECT OF 10 2		BY	TRACTED	=	_	RIJUANA		STATUS	'''	\ \frac{1}{2}	LUL	STATUS	''''	KESOE	32220107104			
LINJU	JRIES	SEATING POSITION		IR BAG		THER DRUG OL CLASS	s	OL RESTRIC	TION(S	DE	IVER	DISTRAC	TION		TEST STA	TIIS			
1 - FATAL		1 - FRONT - LEFT SIDE	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER			NOT DIST			MATERIAL STATE OF THE PARTY OF	NE GIVEN				
	ED SERIOUS INJURY (MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE		2 - DEPLOYED FRONT 2 - CLASS B 3 - DEPLOYED SIDE 3 - CLASS C				2 - CDL INTRASTAT 3 - CORRECTIVE LE			2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION			2 - TEST REFUSED ION 3 - TEST GIVEN, CONTAMINATED						
	B - SUSPECTED MINOR INJURY 3 - FRONT - MIDDLE 3 - FRONT - MIDDLE		4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS					4 - FARM WAIVER		DEVICE (TEXTING, TYPING, DIALING)			SAMPLE / UNUSABLE						
5 - NO APPAREN	5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE (0HI0 = D) 9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY					5 - EXCEPT CLASS		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS						
	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE	7-02/2011	WILLIAL DIAINA	74414	6 - NO VALID OL		& CLASS B BUS		4-	TALKING (ON HAND-HE	ELD	UNI	KNOWN				
1 - NOT TRANSP /TREATED A		7 - THIRD - LEFT SIDE	E.	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5	OTHER AC	TIVITY WIT	H AN	1 - NON		ST TYPE			
2 - EMS	2 - EMS (MOTORCYCLE SIDE CAR) 3 - POLICE 8 - THIRD - MIDDLE		1 - NOT EJECTED H - HAZMAT 2 - PARTIALLY EJECTED M - MOTORCYCLE					RESTRICTIONS 9 - LEARNER'S PER		ELECTRONIC DEVICE 6 - PASSENGER				2 - BL00D					
	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE		3-TOTALLY EJECTED P - PASSENGER					RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY			7 - OTHER DISTRACTION INSIDE THE VEHICLE				3 - URINE 4 - BREATH				
SAFETY E	SAFETY EQUIPMENT 10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE N - TANKER Q - MOTOR SCOOTER					10 - LIMITED TO DAY	8-	8 - OTHER DISTRACTION OUTSIDE									
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED		R-THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE			THE VEHI OTHER / U	OLE NKNOWN		Di	RUG TEST	TYPE			
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 3 - LAP BELT ONLY USED PICK-UP WITH CAP)		1 - NOT TRAPPED S - SCHOOL BUS 2 - EXTRICATED BY T - DOUBLE & TRIPLE TR				TRAILERS	13 - MECHANICAL D (SPECIAL BRAK CONTROLS, OR 0	ES, HAND	HAND				1 - NONE 2 - BLOOD					
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCL CARGO AREA		3 - FREED BY			X - TANKER / HAZMAT	IKER / HAZMAT ADAPTIVE DEV			CES) 1 - APPARENTLY NOR			L 3- URINE						
FORWARD FA	FORWARD FACING 13 - TRAILING UNIT		NON-MECHANICAL MEANS			14 - MILITAR 15 - MOTOR V					2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,			4 - OTHER					
	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEI REAR FACING (NON-TRAILIN		IUR				AIR BRAKES 16 - OUTSIDE MIRRO		A	ANGRY, DISTURBED) 4- ILLNESS			DRUG TEST RESULT(S)						
	7 - BOOSTER SEAT 15 - NON-MOTORIST							17 - PROSTHETIC AII	5 - FELL ASLEEP, FAINTE			D,	1 - AMPHETAMINES , 2 - BARBITURATES						
9 - PROTECTIVE	8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED							18 - OTHER		FATIGUED, ETC. 6- UNDER THE INFLUENCE			3 - BENZODIAZEPINES						
(ELBOW, KNI 10 - REFLECTIVE										(ATIONS / DR		4 - CAN 5 - COC	NABINOIDS CAINE				
11 - LIGHTING - / BICYCLE OF	PEDESTRIAN										THER/U			6 - OPI	ATES / OPIOIO)S			
99 - OTHER / UNK														7 - 0TH 8 - NE	IER GATIVE RESU	LTS			