OF PUBLIC SAFETY TRAFFIC CRASH	NT REPORT	LOCAL REPORT NUMBER*							
PHOTOS TAKEN 0H-2 0H-3									
SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME* Heath PD		NCIC*	1 - SOLVED	0 2 0	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN			
COUNTY* LOCALITY* LOCATION: CITY 4 5 1 2 - VILLAGE HEATH	/, VILLAGE, TOWNSHIP*			CRASH DATE / TIME * CRASH SEVERI D 4222024 1711 5 1 - FATAL					
3-TOWNSHIP	LOCATION ROAD NAME		ROAD TYPE	- SERIOUS INJURY SUSPECTED					
2-SOUTH 3-EAST				4.0, 0 2 8		- MINOR INJURY			
4-WL31	REFERENCE ROAD NAME (ROAD, MIL	LEPOST, HOUSE #)	ROAD TYPE	└	LONGITUDE DECIMAL DEGREES 4-INJURY POSSI				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	899	22 W	T 1 1	-82,445	3 1 3 5	- PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATE				
1-INTERSECTION 1-NORTH IR -	INTERSTATE ROUTE(TP) AL - AL FEDERAL US ROUTE AV - AV		D - ROAD Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
3- HOUSE # 3- EAST	STATE ROUTE BL - BC	OULEVARD MP-MILEPOST S	AP - MILEPOST ST - STREET WITHIN INTERCHANGE AREA NUMBER OF APPROA						
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CR - CI CT - CO		POADWAY						
1 0 0 1 2 1-MILES 2-FEET 3-YARDS	NUMBERED TOWNSHIP DR - DF ROUTE HE - HE		A - WAY	ROADWAY DIV	IDED				
LOCATION OF FIRST HARMFUL EVEN	100000000000000000000000000000000000000	R OF CRASH COLLISION/IMPAC	т	DIRECTION OF TRAVE	. MEDIA	AN TYPE			
1 - ON ROADWAY 9 - CROSSOVER 0 1 2 - ON SHOULDER 10- DRIVEWAY/	ALLEY ACCESS 3 BETWEE			1 - NORTH	1 - DIVIDED (<4 FEE	FLUSH MEDIAN T)			
	RADE CROSSING VEHICL	ESIN 6-ANGLE	DIDECTION	3 - EAST	2 - DIVIDED (≥4 FEE	FLUSH MEDIAN T)			
5 - ON GORE TRAILS	2 - REAR-EI	ND 8 - SIDESWIPE, 0PP0:	SITE DIRECTION	4 - WEST	3 - DIVIDED,	DEPRESSED MEDIAN			
7 - ON RAMP 14-TOLL BOOTH		N 9-OTHER/UNKNOW	(ANY TYPE)						
8-OFF RAMP 99-OTHER/UN	KNOWN			1	9 - OTHER/UI				
WORK ZONE RELATED 1 -	WORK ZONE TYPE LANE CLOSURE	1 - BEFORE THE 1ST V		CONTOUR 1	CONDITIONS 1	SURFACE 2			
	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNIN	ING SIGN						
LAW ENFORCEMENT PRESENT	or MEDIAN L	3 - TRANSITION AREA	nearonatern in	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS,					
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	.A	3 - CURVE LEVEL 3 - SNOW ASF					
LIGHT CONDITION	WEATHER			4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAC CRAVE					
1 - DAYLIGHT 1 2 - DAWN/DUSK		- SNOW			OIL, GRAVEL	4 - SLAG, GRAVEL, STONE			
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY		- SEVERE CROSSWINDS - BLOWING SAND, SOIL, DIRT,	SNOW		6 - WATER (STANDING, MOVING)	5 - DIRT 9 - OTHER/UNKNOWN			
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING		- FREEZING RAIN OR FREEZI 9 - OTHER / UNKNOWN	NG DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	9 - OTHER ONKNOWN			
9-OTHER/UNKNOWN)-OTHERORICHOWN				
NARRATIVE	U DOUND ON UEDDO					Indicate the north direction with			
UNIT 1 WAS STOPPED SOUTH ROAD IN THE LEFT STRAIGH		N -				an "N" on the compass diagram.			
HEBRON RD DUE TO TRAFFIC		_		ScenePD ™ - Evaluation Edition					
SOUTH BOUND ON HEBRON		Evaluation Edition	Evaluation ation Edition	Edition	Evaluation Editi	on —			
UNIT 2 STRUCK UNIT 1.	,		Evaluation	SR 79 Evaluation Edition	Evaluation Edition				
		Evaluation Edition	ation Edition	unit 2	Evaluation Edition	on			
		Evalus	Evaluation ation Edition	Edition Edition	Edition				
		Evaluation Edition	//	Evaluation	Evaluation Edition	on			
		Evaluation Editio	Evaluation ation Edition	Evaluation Edition	///				
		LYBRIGHT LORISE	Evaluation Edition Evaluation Edition Evaluation Edition						
		Evaluation Edition	Evaluation Edition	Edition	Evaluation Editi	-			
				Evaluation I Evaluation Edition	Evaluation Edition Edition				
		Evaluation Edition	Exfluation ation Edition		Not To Scale				
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED [Sali-order-de Salidate-orde	REPORT TAKEN BY			
04222024 1711 042	22024 1714 04	4222024 1	7170	4222024					
TOTAL TIME OTHER TOTAL	L OFFICER'S NAME*	Сн		ICER'S NAME*					
ROADWAY CLOSED INVESTIGATION TIME MINUT	Spence OFFICER'S BADGE		nart CHECKED E	Y OFFICER'S BADGE N	IUMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
6 , 2 3 , 2 3 ,			D , 7	- 1	3 8	And the second section section of the second section of the section o			

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0	2	4 - O C			8 2	6			
UNIT #										ATE OF BIRTH		一	AGE	GENDER		
01	SS: STREET, CITY, STATE, ZIP								1 1 / 0 7 / 1 9 7 3 5 0 M							
									CONTA	CT PHO	NE - INCLUDE AREA	CODE	_			
0		ATH, OH 43056		T								201				
2	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			USED		F-COMPLIA		ON AIR BA	G USAGE	EJECTION 1	TRAPPED	
5		TARNAR NUMBER		055511		0.00		0 4			' 0 1					
OL STATE	UPERATURE	ICENSE NUMBER		OFFENSE CHARGED LOCAL OFFEN			OFFENSE DESC	RIPTION			GIIA	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA 1 OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE S		STATUS	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4						
. 4	l		ВУ			1 .	1 .	1 .	l	1 .	1					
UNIT #	NAME: LAST, F	FIRST, MIDDLE			<u> </u>	THER BROG					ATE OF BIRTH			AGE	GENDER	
0 2		, CHARLES EDWARD							0 ,1	/ 2	2 8 / 1	9 5	o 📗	7 4	М .	
	: STREET, CITY, ST	•							CONTA		NE - INCLUDE AREA					
1975 R	YAN RD HI	EATH, OH 43056														
	TAKEN	EMS AGENCY (NAME)		INJURED	NJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY I			USED	DOT-COMPLIANT			1				
5	BY							0 4			T 0 1		1 1 1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAF	RGED	LOCAL CODE	OFFENSE DESC	RIPTION			CITA	CITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		VER	ALC	OHOL / DRUG SUSPI	CTED	CONDITION	STATUS	ALCOHO	DL TEST	STATUS		G TEST(S		
1	SELECT UP TO 2		BY	RACTED ALCOHOL MARIJUANA				1	TYPE	VALUE	1	1 TYPE	. RESULI	SELECT UP TO 4		
	4			1	☐ °	THER DRUG					ATE OF BIRTH		<u> </u>		GENDER	
UNIT #	NAME: LAST, F	-IRST, MIDDLE											AGE	GENDER		
	: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
TORI											1 1					
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	D01	T-COMPLIA	SEATING POSITI	ON AIR BA	G USAGE	EJECTION	TRAPPED	
	BY BY				USE			USED	MC HELMET		_					
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION		CITA	CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UP TO 3 DRI	VER T	AI C	OHOL / DRUG SUSPI	CTED	CONDITION		ALCOHO	DL TEST		DRU	G TEST(S)	
OL GLAGG	SELECT UP TO 2			TRACTED			RIJUANA	55115211511	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4	
						THER DRUG					•					
INJU 1-FATAL	JRIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1-CLASS A	\$	OL RESTRIC 1-ALCOHOL INTER			NOT DISTRACTED	CTION		T est sta Ie given	TUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYI			2 - CLASS B		2 - CDL INTRASTATI			MANUALLY OPERATI	NG AN		T REFUSED		
3 - SUSPECTED	MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOYI	ED SIDE		3 - CLASS C		3 - CORRECTIVE LE	NSES		ELECTRONIC COMMU DEVICE (TEXTING, T)			T GIVEN, CON		
4 - POSSIBLE II		A CECOND LEFT CIDE			'ED BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = D)			4 - FARM WAIVER 5 - EXCEPT CLASS A	DIA		DIALING)		SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN			
5 - NO APPARENT INJURY		(MOTORCYCLE PASSENGER) 9- DEPLOYN				MENT UNKNOWN 5 - M/C MOPED ONLY			A DUS 3		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		5 - TEST GIVEN, RESULTS			
INJURED TAKEN BY 5- SECOND - MIDDLE 4 SECOND - DICHT SIDE						6 - NO VALID OL		& CLASS B BUS			TALKING ON HAND-H	DEVICE				
1 - NOT TRANSF /TREATED A		7 - THIRD - LEFT SIDE	EJ	IECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE			OTHER ACTIVITY WIT			OHOL TES	ST TYPE	
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS			ELECTRONIC DEVICE		1 - NON 2 - BLO			
3 - POLICE 9 - OTHER / UNI	ZNOWN	9 - THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MIT		PASSENGER OTHER DISTRACTION	1	3 - URII			
7- OTHER / GM	NITO WITE	10 - SLEEPER SECTION	4 - NOT APP			N - TANKER		10 - LIMITED TO DAY	LIGHT ONL	Y	INSIDE THE VEHICLE		4 - BRE			
1 - NONE USED	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	T	RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMP			OTHER DISTRACTION THE VEHICLE	OUTSIDE	5 - OTH	ER		
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA			R - THREE-WHEEL MO	TORCYCLE	13 - MECHANICAL DE		9-	OTHER / UNKNOWN			UG TEST	TYPE	
3 - LAP BELT ONLY USED		PICK-UP WITH CAP)	CK-UP WITH CAP) 2 - EXTRICATED BY							S, HAND HER CONDITION		1	1 - NONE 2 - BLOOD			
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM –		12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - PASSENGER IN UNENCLOSED MECHANICAL MEANS CARGO AREA 3 - FREED BY			X - TANKER / HAZMAT	ADAPTIVE DEVI	CES) 1		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		3 - URINE				
FORWARD F	ACING	13 - TRAILING UNIT NON-MECHANICAL MEANS			14 - MILITARY VEHI 15 - MOTOR VEHICLE							4 - OTH	ER			
6 - CHILD REST REAR FACIN	RAINT SYSTEM –	EM _ 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				AIR BRAKES			ANGRY, DISTURBED)			DRUG TEST RESULT(S)				
7 - BOOSTER SE		15 - NON-MOTORIST				16 - OUTSIDE MIRR						₹D	1 - AMPHETAMINES , 2 - BARBITURATES			
8 - HELMET US		99 - OTHER / UNKNOWN						18 - OTHER FATIGUED,			FATIGUED, ETC.	3 - BENZODIAZEPINES				
9 - PROTECTIVI (ELBOW, KN										1	UNDER THE INFLUEN OF MEDICATIONS / DR		4 - CANNABINOIDS			
	10 - REFLECTIVE CLOTHING									1	/ALCOHOL		5 - COCAINE 6 - OPIATES / OPIOIDS			
	LIGHTING – PEDESTRIAN / BICYCLE ONLY							9- OTHER / UNKNOWN			7 - OTHER					
99 - OTHER / UNI	THER / UNKNOWN								8 - NEGATIVE RESULTS							

Ũ	OCCUPANT / WITNESS ADDENDUM							2024		O O 3	8 2	6			
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
	02	HELMO	NDOLLAR, JASON		0 3 / 2 7 / 2 0 1 0 1 4 M										
PANT	ADDRESS:	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT	S WEST	MOOR A	VE NEWARK, OH 4												
0		IES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED O 4							SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		BY		DOT-COMPLIANT MC HELMET	0 4	1	_1	_ 1							
	UNIT #	NAME: LAS	T, FIRST, MIDDLE		DATE	OF BIRTH		AGE	GENDER						
L	02		LANDON		0 9 / 0			1 3	M						
OCCUPANT		: STREET, CITY,						CONTACT PHONE	- INCLUDE AREA CO	DE					
9			CKEYE LAKE, OH	43008	WWOGD THEFT IN Marrie Francis		CAFETY FOUNDMENT		CEATING DOCUTION	AXD DAG HISAGE	LEUEOTTON	TDADDED			
	. 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	_		TRAPPED			
H			T FURNIT MURRI F				0 4		0 5	1	1	1 CENDED			
	UNIT #		T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER 0							
Ę		: STREET, CITY,	M, JAXSON												
OCCUPANT			HEATH, OH 43056												
8		INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
	, 5	TAKEN BY				USED O 4	MC HELMET	0 3	1 ,	1 ,	1 .				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE	OF BIRTH		AGE	GENDER			
ANT	ADDRESS:	DDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
DCCUPANT															
٥	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		BY						☐ MC HELMET							
			IRIES		Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA		RIOUS INJURY	1 - NONE US VEHICLE	OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	ER)	PLOYED YED FRONT						
			NOR INJURY	2 - SHOULDE	ER BELT ONLY USED 2 - FRONT - MIDDLE				3 - DEPLO						
		SIBLE INJU		3 - LAP BEL	T ONLY USED		IT – RIGHT SIDE ND – LEFT SIDE		YED BOTH						
	5 - NO A	PPARENT I	NJURY		ER & LAP BELT USED	(MOT	ORCYCLE PASS		FRONT/SIDE						
		INJURED	TAKEN BY		ESTRAINT SYSTEM – D FACING	ND – MIDDLE ND – RIGHT SII)F	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN							
	1 - NOT	TRANSPOR		6 - CHILD RE	ESTRAINT SYSTEM –	7 - THIR	D – LEFT SIDE		9 - DEPLO	NOWN					
		EATED AT S	CENE	REAR FA			ORCYCLE SIDE D – MIDDLE	CAR)	EJECTION						
	2 - EMS 3 - P0LI			7 - BOOSTER 8 - HELMET			D – RIGHT SIDE	E 2 - PARTIALLY EJECTED							
		ER / UNKNO)WN		TIVE PADS USED		PER SECTION (ENGER IN OTH	Y EJECTED							
	, 01111	zici oitiare	••••		KNEES, ETC.)	CARG	O AREA (NON-TI	RAILING UNIT,	4 - NOT AP						
					CTIVE CLOTHING BUS, PICK-UP WIT 12 - PASSENGER IN				TRAPPED						
	II - LIGHTIN / BICYCI				IG – PEDESTRIAN CARGO AREA LE ONLY				1 - NOT TRAPPED						
				99 - OTHER /	UNKNOWN		LING UNIT NG ON VEHICLE	FXTERIOR	2 - EXTRICATED BY MECHANICA			CAL			
						(NON-	TRAILING UNIT)		MEANS	BY NON-ME	CHVNIC	ΛI			
							MOTORIST R/UNKNOWN		MEANS		CHANIC	AL			
Н	NAME: LAS	ST, FIRST, MIDD	LE					DATI	E OF BIRTH		AGE	GENDER			
WITNESS															
ĺΝ	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE		•			
SS	NAME: LAS	ST, FIRST, MIDD	LE					DATI	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
×								GOTTAGT FITCHE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ESS															
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							