OHIO DEPARTMENT TRAFFIC CRASH	REPORT *DENOTES MA	NDATORY FIELD FOR SUPPLEME	NT REPORT	L	OCAL REPORT NUMBE				
□ NH-2 □ NH-3		2024-	0000	4 1 8 4					
PHOTOS TAKEN OH-1P OTHER  SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME* Heath PD	NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS  0 3	UNIT IN ERROR <b>1</b> 98 - ANIMAL				
COUNTY* LOCALITY* LOCATION: CI	TY, VILLAGE, TOWNSHIP*		CRASH DATE / 1		99 - UNKNOWN RASH SEVERITY				
4 5 1 - CITY 2 - VILLAGE HEATH	l			05012024	1/00  >	1 - FATAL			
7 10071	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE		2 - SERIOUS INJURY SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	Hebron		R D	40034	7 5 4	3 - MINOR INJURY SUSPECTED			
1 1, 201	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE	CIMAL DEGREES	4 - INJURY POSSIBLE			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	Putnam		R D	-82,432	9 4 0	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION RELAT	ED			
1 2-MILE POST 1 2-SOUTH IIS			- ROAD - SQUARE	WITHIN INTE	RSECTION OR ON APPR	DACH			
3- HOUSE # 3- EAST	- STATE ROUTE BL		- STREET - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE	ROADWAY								
3 0 0 2 1-MILES TR	A - WAY	ROADWAY DIV	IDED						
LOCATION OF FIRST HARMFUL EVE		NER OF CRASH COLLISION/IMPAC COLLISION 4-REAR-TO-REAR	т	DIRECTION OF TRAVE	L MED	AN TYPE			
1 - ON ROADWAY 9 - CROSSOVE <b>0 1</b> 2 - ON SHOULDER 10 - DRIVEWA		1-NORTH	1 - DIVIDED ( < 4 FEI	) FLUSH MEDIAN ET )					
3 - IN MEDIAN 11 - RAILWAY 4 - ON ROADSIDE 12 - SHARED I	DIRECTION	3 - EAST		) FLUSH MEDIAN ET )					
5 - ON GORE TRAILS	ITE DIRECTION	4-WEST		), DEPRESSED MEDIAN					
6 - OUTSIDE TRAFFIC WAY 13 - BIRE LAN 7 - ON RAMP 14 - TOLL BOO	N		(ANY TY						
8 - OFF RAMP 99-OTHER/L	NKNOWN	1			9 - OTHER/U				
WORK ZONE RELATED	WORK ZONE TYPE - LANE CLOSURE	LOCATION OF CRASH IN WOR 1 - BEFORE THE 1ST W		CONTOUR 4	CONDITIONS	SURFACE			
WORKERS PRESENT 2	AREA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE							
LAW ENFORCEMENT PRESENT   3	IANLA	2-STRAIGHT GRADE 2-WET 2-BLACKTOP,							
	- INTERMITTENT OR MOVING WORK - OTHER	4 - ACTIVITY AREA 5 - TERMINATION AREA	Д	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT			
LIGHT CONDITION		4 - CURVE GRADE							
1 - DAYLIGHT		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, DIRT, S	SNOW		6 - WATER (STANDING, MOVING)	5 - DIRT			
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	G DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN		9 - OTHER/UNKNOWN							
NARRATIVE					AN AN	Indicate the north			
Unit 1 was traveling Northb		e 79			1	direction with an "N" on the compass diagram.			
near the intersection of Put				ScenePD ™ - Evaluation Edition		Joinpuss unigraini			
Northbound at a complete s		Evaluati	Evaluation ion Edition	Evaluation Edition Edition	State				
Unit 3 was northbound on 9 complete stop on State Rou		Evaluation Edition		Evaluation	Evaluation Edition 6	lition			
Jill's Consignment shop. Un			ion Edition	Edition Edition					
caused unit 2 to strike unit	•	<u> </u>		Evaluation Edition	Evaluation Edition	itton			
		Evaluation Edition	Evaluation ion Edition	Edition	Evaluation Ed	lition			
			Not To Sca	Evaluation Edition	Evaluation tips				
		Evaluation Edition	ion Edition		Evaluation Edition	lition			
			Putnam Rd.  Ficalization	Evaluation Edition  Evaluation Edition	Edition				
		Evaluation Edition		Evaluation	Evaluation Edition	lition			
		Evaluati	Evaluation ion Edition	Evaluation Edition					
		Evaluation Edition		Trancite (877) 908-4777					
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	, , ,	5012024	Selection Continues	REPORT TAKEN BY POLICE AGENCY			
0,5,0,1,2,0,2,4, 1,7,0,0,0,5,0				CER'S NAME*	1014	MOTORIST			
TOTAL TIME OTHER TOT ROADWAY CLOSED INVESTIGATION TIME MINU		Ma	arkley	LEN S NAME	Ī	SUPPLEMENT (CORRECTION OR ADDITION			
o	O OFFICER'S BAI	GE NUMBER* 1 5 9 0		OFFICER'S BADGE N	IUMBER* 4 7	TO AN EXISTING REPORT SENT TO ODPS)			

J FIRST HARMFUL EVENT

1

0F 6

**J FIRST HARMFUL EVENT** 

OHIO DEF OF PUBLI SAFETY - SERVI	OHIO DEPARTMENT PRUBLIC SAFETY MOTORIST / NON-MOTORIST / NON-MOTORIST				2 0 2 4 - 0 0 0 0 4 1 8 4										
UNIT#						DATE OF BIRTH AGE GENDER									
01	MCCANN, ROBERT D						0 9 / 2 5 / 1 9 5 5 6 8 M								
ADDRESS:	S: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
64 ST N	NEWARK, OH 43055														
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		Γ <b>-C</b> omplia					TRAPPED
<b>5</b>	BY							0 4		HELMET	0 1	_ _2		_1	1
OL STATE	OPERATOR L	ICENSE NUMBER				RGED	LOCAL C <u>od</u> e	OFFENSE DESC	RIPTION				CITATION NUMBER		
PO H	ENDODOEMENT	RESTRICTION SELECT UP TO 3 DRIVER			_	/	333.03			ALCOHOL TEST			159050124001 DRUG TEST(S)		
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED		OHOL / DRUG SUSPI Lcohol   Mai	ECTED RIJUANA	CONDITION	STATUS	TYPE	VALUE	STATUS	TYPE		SELECT UP TO 4
_ 4				9	l⊟∘	THER DRUG		1	1	1	•	<b>_1</b>	1		
UNIT#	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER
0 2	DAVIS, TIMMY DARRELL						1 0	/ 0	<sub>_</sub> 6 <sub>_</sub> / <sub>_</sub> 1	9 6	1 (	6 2	M		
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE			
5880 E/	AST PIKE L	OT 11 ZANESVILLE,	OH 437	<b>'01</b>							1 1				
	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED		T-COMPLIA					TRAPPED
5	ВУ							0 4		HELMET	r 0 1		1 4 1		
OL STATE	OPERATOR L	TOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION	l		CITATION NUMBER			
O H	ENDORGESSES	DORSEMENT RESTRICTION SELECT UP TO 3 DRIVE			87.44	ALCOHOL / DRUG SUSPECTED CONDITION			ALCOHOL TEST				DRUG TEST(S)		
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED		_	RIJUANA	CONDITION	STATUS		VALUE	STATUS	TYPE		SELECT UP TO 4
_4				1	□ ∘	THER DRUG		1	1	1	• — — —	_1	1		
UNIT#	NAME: LAST, FIRST, MIDDLE						'	DATE OF BIRTH AGE				GENDER			
0 3	SAGER, CORALYN JO								0 6 / 1 6 / 2 0 0 4 1 9 F					_F	
ADDRESS:	DRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
9303 P	ANHANDLI	E RD NEWARK, OH	43056						ш				ш		
<b>2</b>	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED		-Complia			G USAGE		TRAPPED
5	BY			. 0 4			MC HELMET 0 1			_	T 1 1 1 1 CITATION NUMBER				
OL STATE	OPERATOR LICENSE NUMBER OFFENSE CHA			SE CHAP	KGED	LOCAL	OFFENSE DESC	RIPIIUN	l		CIIA	IIUN N	UMBEK		
O H OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRI	VFR	AL CO	OHOL / DRUG SUSPI	L L	CONDITION		ALCOHO	L TEST		DRUG	TEST(S	)
01 01.100	SELECT UP TO 2		DIST	TRACTED			RIJUANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4
_4				1	0	THER DRUG		1	1	1	•	_1	_1		
INJU 1 - FATAL	IRIES	SEATING POSITION  1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1-CLASS A	S	OL RESTRIC 1-ALCOHOL INTER			NOT DISTRACTED	CTION	1 - NONI	EST STA	TUS
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYI			2 - CLASS B		2 - CDL INTRASTAT		2-1	MANUALLY OPERAT			REFUSED	
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYI		NT / CIDE	3 - CLASS C		3 - CORRECTIVE LE	NSES	I	ELECTRONIC COMMU DEVICE (TEXTING, T			GIVEN, CON	TAMINATED ABLE
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	5 - NOT APP	ED BOTH FRO LICABLE	JNI / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS		DIALING) FALKING ON HANDS-	FREE			ULTS KNOWN
INJURED	TAKEN BY	(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE	9 - DEPLOYI	MENT UNKN	OWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS. & CLASS B BUS	A	(	COMMUNICATION DE	VICE		GIVEN, RES NOWN	ULTS
1 - NOTTRANSP	ORTED	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRACTO	R-TRAILER	(	COMMUNICATION DE	VICE	ALC	HOL TES	ST TYPE
/TREATED AT 2 - EMS	I SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	IECTION CTED		OL ENDORSE	MENI	8 - INTERMEDIATE RESTRICTIONS	LICENSE		OTHER ACTIVITY WI ELECTRONIC DEVICE		1 - NONI	E	
3 - POLICE		8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT		PASSENGER		2 - BL00 3 - URIN		
9 - OTHER / UNK	(NOWN	10 - SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	'LIGHT ONL'		OTHER DISTRACTION INSIDE THE VEHICLI		4 - BRE/		
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EMI			OTHER DISTRACTION THE VEHICLE	OUTSIDE	5 - OTHE	ER	
1 - NONE USED 2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	PPED		R - THREE-WHEEL MC S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D		9 - (	OTHER / UNKNOWN			UG TEST	TYPE
3 - LAP BELT ON		PICK-UP WITH CAP)	2 - EXTRICA		ę	T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR O			CONDITION	1	1 - NONI 2 - BLOO		
	DER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA		MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS X - TANKER / HAZMAT			ADAPTIVE DEVI	1 AFFARENTET NORMAL			3 - URINE					
FORWARD FA		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NUN-ME	CHANICAL M	ILANS			15 - MOTOR VEHICLE		3 - E	EMOTIONAL (E.G., DEF		4 - OTHE		
REAR FACIN	G	(NON-TRAILING UNIT)						AIR BRAKES 16 - OUTSIDE MIRRO	ıR		NGRY, DISTURBED) LLNESS			TEST RE	SULT(S)
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN						17 - PROSTHETIC AII		5 - F	ELL ASLEEP, FAINT	ED,		BITURATES	
9 - PROTECTIVE	PADS USED							18 - OTHER		6- U	ATIGUED, ETC. INDER THE INFLUEN			ZODIAZEPIN	ES
(ELBOW, KNE 10 - REFLECTIVE										0	F MEDICATIONS / DI ALCOHOL		4 - CANI 5 - COCA	NABINOIDS NINE	
11 - LIGHTING - I	PEDESTRIAN										THER / UNKNOWN			TES / OPIOID	)S
/ BICYCLE OF													7 - OTHE 8 - NEG	ER ATIVE RESUI	LTS

Ũ	OHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM  METT - BERTOLE - PROJECTION OF PUBLIC SAFETY  OF PUBLIC S						2 0 2 4 - 0 0 0 0 4 1 8 4							
	UNIT #	NIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE					
ı	01	MCCANN, ROBERT D							5 / 1 9	5 5	6 8	M		
PANI	ADDRESS:	DDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	64 ST N	ST NEWARK, OH 43055												
0		INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	RED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED				AIR BAG USA		TRAPPED		
Į		□ BY □ □					0 4	☐ MC HELMET	0 1	2	1	_1		
ı	UNIT #		T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER		
Ę	02	DAVIS,	TIMMY DARRELL			1 0 / 0 6 / 1 9 6 1 6 2 M								
OCCUPAN			,	IIE OU 427	v01		CONTACT PHONE - INCLUDE AREA CODE							
9	INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY.						SAFETY EQUIPMENT	T SEATING POSITION AIR BAG USAGE				TRAPPED		
ı	5	TAKEN BY					USED 0 4	DOT-COMPLIANT MC HELMET	0 1	1	1 1	1 1		
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
ı	03	SAGER,	CORALYN JO					0 6 / 1 6 / 2 0 0 4 1 9 F						
ANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
OCCUPANT	1147 R	amp LN I	HEATH, OH 43056	ı							1 1			
0		IES INJURED EMS AGENCY (NAME) TAKEN			INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION AIR BAG US			TRAPPED		
5		ВУ					0 1	L MC HELMET	0 1	1	_ _1	_1		
ı	UNIT #		T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER F		
Į		DRESS: STREET, CITY, STATE, ZIP						O 4 / O CONTACT PHONE			2 5			
OCCUPANT		269 N BUENA VISTA ST NEWARK, OH 43055							- INCLUDE AREA CO					
9	IINJURIES   INJURED   EMS AGENCY (NAME)   INJ				INJURED TAKEN TO: MEDICAL FACILI	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   SAFETY EQUIPMENT			SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED		
ı	5	TAKEN BY					USED 0 4	DOT-COMPLIANT MC HELMET	0 3	1	1	1		
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG	USAGE			
	1 - FATAL 1 - NONE USE				ED - COCCUPANT		T – LEFT SIDE ORCYCLE DRIV							
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN  2 - SHOULDE 5 - CHILD RE FORWARI 6 - CHILD RE REAR FAI 7 - BOOSTER 8 - HELMET			ER BELT ONLY USED 2 - FRONT - MIDDLE			LIU	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE						
				T ONLY USED	T – RIGHT SIDE		4 - DEPLOYED BOTH							
				ER & LAP BELT USED		ORCYCLE PASS			FRONT/SIDE					
				ESTRAINT SYSTEM – D FACING	ND – MIDDLE ND – RIGHT SII	n <b>F</b>	5 - NOT AP							
				ESTRAINT SYSTEM –	7 - THIR	D – LEFT SIDE		9 - DEPLO						
						ORCYCLE SIDE D – MIDDLE	CAR)	EJECTION  1 - NOT EJECTED  2 - PARTIALLY EJECTED  3 - TOTALLY EJECTED  4 - NOT APPLICABLE						
						D – RIGHT SIDE								
				TIVE PADS USED		PER SECTION ( ENGER IN OTH								
				KNEES, ETC.)	CARG	O AREA (NON-TI	RAILING UNIT,							
						PICK-UP WITH CAI ENGER IN UNE		TRAPPED						
						O AREA LING UNIT		1 - NOTTRAPPED						
				99 - OTHER /	UNKNOWN	14 - RIDIN	NG ON VEHICLE	EXTERIOR	2 - EXTRIC		MECHANIO	CAL		
							TRAILING UNIT) MOTORIST		3 - FREED		TECHANICA	AL		
							R/UNKNOWN		MEANS					
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS								CONTACT DUONE						
M			STATE 71P					CONTACT PHONE	- INCLUDE AREA CO	DE				
	ADDRESS:	: STREET, CITY,	· · · · · · · · · · · · · · · · · · ·					la a a	1 (		1 .	1		
ř		: STREET, CITY, ST, FIRST, MIDD							E OF BIRTH		AGE	GENDER		
ESS									E OF BIRTH		AGE	GENDER		
WITNESS	NAME: LAS		LE					DAT	E OF BIRTH	L L L	AGE	GENDER		
WITNESS	NAME: LAS	ST, FIRST, MIDD	LE STATE, ZIP					DAT	E OF BIRTH	DE		GENDER		
8	NAME: LAS	ST, FIRST, MIDD	LE STATE, ZIP					DAT	E OF BIRTH	DE	AGE	GENDER		
WITNESS	NAME: LAS	ST, FIRST, MIDD	STATE, ZIP					DAT	- INCLUDE AREA COL					