OFFICE CRASH	L	OCAL REPORT NUMB									
□ 0H-2 □ 0H-3	2024-	0000	4394								
PHOTOS TAKEN OH-1P OTHER SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME* Heath PD		NCIC*	HIT/SKIP							
COUNTY* LOCALITY* LOCATION: CIT	Y, VILLAGE, TOWNSHIP*		CRASH DATE / T		CRASH SEVERITY						
4 5 1 2 - VILLAGE HEATH	1504 5	1 - FATAL									
1 100000	LATITUDE DEC	IMAL DEGREES	2 - SERIOUS INJURY SUSPECTED								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NOR! H 2 - SOUTH 3 - EAST 4 - WEST	OBERLIN		D R	4,0,027	5 5 7	3 - MINOR INJURY SUSPECTED					
1 1, 201	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	COLONIAL		D R	-82,436	7 7 9	5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE]	INTERSECTION RELA	TED					
1 2-MILE POST 4 2-SOUTH US			- ROAD - SQUARE	WITHIN INTER	RSECTION OR ON APPE	ROACH					
3- HOUSE # 3- EAST	STATE ROUTE BL -		- STREET	WITHIN INTER	RCHANGE AREA N	UMBER OF APPROACHES					
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT.		- TERRACE - TRAIL		ROADWAY						
1-MILES 2-FEET 3-YARDS TR-NUMBERED TOWNSHIP ROUTE DR - DRIVE PI - PIKE WA-WAY HE - HEIGHTS PL - PLACE ROADWAY DIVIDED											
	LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT DIRECTION OF TRAVEL MEDIAN TYPE										
1 - ON ROADWAY 9 - CROSSOVEI 0 1 2 - ON SHOULDER 10 - DRIVEWAY	ALLEY ACCESS BETV	COLLISION 4-REAR-TO-REAR VEEN 5-BACKING		1 - NORTH , 2 - SOUTH	1 - DIVIDE (< 4 FE	D FLUSH MEDIAN EET)					
	RADE CROSSING VEHI	MOTOR CLES IN 6-ANGLE ISPORT 7-SIDESWIPE, SAME I	DIRECTION	3 - EAST	2 - DIVIDE	D FLUSH MEDIAN EET)					
5 - ON GORE TRAILS	2 - REAR	R-END 8 - SIDESWIPE, OPPOSI	ITE DIRECTION	4-WEST	1	D, DEPRESSED MEDIAN					
6 - OUTSIDE TRAFFIC WAY 13 - BIRE LAND 7 - ON RAMP 14 - TOLL BOOT	(ANY T										
8 - OFF RAMP 99-OTHER/UNKNOWN 9 - OTHER/UNKNOWN											
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN WOR 1 - BEFORE THE 1ST W		CONTOUR	CONDITIONS	SURFACE 2					
WORKERS PRESENT 2-	LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNING									
LAW ENFORCEMENT PRESENT L	WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA	ANLA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOR							
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION AREA	Д	3 - CURVE LEVEL 3 - SNOW BITUM ASPHA							
LIGHT CONDITION	WEATHE	<u> </u>		4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAC CRAVEL							
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		OIL, GRAVEL 4- SLAG, GRAVE 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)	2 - DIKI					
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZIN 99 - OTHER / UNKNOWN	G DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN					
9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99-UTHER/ UNKNOWN			9 - OTHER/UNKNOWN						
NARRATIVE						Indicate the north					
Unit 2, a mail truck, was lega					1	an "N" on the compass diagram.					
Drive. Unit 1 drove east on C	•	- 1		ScenePD ™ - Evaluation Edition	on	y Joinpuss and annual					
vehicle on a trailer. The trail hauled vehicle came off and				Evaluation I	Edition						
truck.	Struck the parked h	Evaluation Edition	valuation Edition	\	Evaluation Edition						
Truck. Evaluation Edition Evaluation Edition Evaluation Edition											
Evaluation Edition Evaluation Edition Evaluation Edition											
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CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY											
CRASH REPORTED DATE / TIME 0,5072024	72024 1521 (5 2 1 0	5072024	Sanitari edit. Yanti Maratis	POLICE AGENCY					
TOTAL TIME OTHER TOTAL				CER'S NAME*	· · · · · · · · · · · · · · · · · · ·	MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINU			nart			SUPPLEMENT (CORRECTION OR ADDITION					
	O OFFICER'S BAD	GE NUMBER* 1 5 5 0		OFFICER'S BADGE N	UMBER* 3 8	TO AN EXISTING REPORT SENT TO ODPS)					

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0	2		O O		JMBER 0 4		4					
UNIT # 0 1							1 1			F BIRTH	9 7	3	AGE 5 0	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE																		
786 GAYTH AV HEATH, OH 43056 INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME CITY) SAFETY EQUIPMENT SEATING POSITION AIR RAG (ISAGE EJECTION TRAPPED																		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 4		T-Complia	ANT	ATING POSITION	ON AIR BA	AG USAGE	EJECTION 1	TRAPPED 1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION	1			CITA	CITATION NUMBER				
Д О Н				4510.11 CODE DUS			DUS	:			155	155050724001						
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS	TYPE		ST /ALUE	STATUS		G TEST(S RESULT	SELECT UP TO 4		
6				1		THER DRUG		1	1	1	• ∟		_1	1		لـــالـــالـــ		
UNIT #	NAME: LAST,	FIRST, MIDDLE							DATE OF BIRTH				AGE	GENDER				
0 2	CTDEET OITY CT	FATE TID																
ADDRESS:	STREET, CITY, ST	IAIE,ZIP							CONTA	ACT PHO	NE - IN	ICLUDE AREA	CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	USED					T-Complia			ON AIR BA	AG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL OFFENSE DESC			RIPTION			CITA	CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		VER	ALC	DHOL / DRUG SUSP	SUSPECTED CONDITION			ALCOH	COHOL TEST				G TEST(S			
	SELECT UP TO 2		BY	TRACTED	=	_	RIJUANA		STATUS 1	TYPE	`	/ALUE	STATUS 1	1 TYPE	RESULT	SELECT UP TO 4		
UNIT #	NAME: LAST,	FIRST MIDDLE			0	THER DRUG					ATF O	F BIRTH			AGE	GENDER		
J	I I I I I I I I I I I I I I I I I I I	, mor, model								1 1			1 1			L CENTER L		
ADDRESS:	I : STREET, CITY, ST	FATE, ZIP							CONTA	ACT PHO	NE - IN	ICLUDE AREA	CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		T-Complia	ANT	ATING POSITION	ON AIR BA	AG USAGE	EJECTION	TRAPPED		
OL STATE				OFFENSE CHARGED LOCAL OFFENS			OFFENSE DESC					CITA	CITATION NUMBER					
										ALCOHOL TEST				DRUG TEST(S)				
≦ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPI LCOHOL	ECTED RIJUANA	CONDITION	STATUS			/ALUE	STATUS			SELECT UP TO 4		
					0	THER DRUG					• ∟							
INJU 1-FATAL	RIES	SEATING POSITION 1-FRONT - LEFT SIDE	1 - NOT DEP	LOYED		1 - CLASS A	S	OL RESTRIC 1-ALCOHOL INTER			7777	DISTRAC STRACTED	TION	MATERIAL STATE OF THE PARTY OF	TEST STA Ne given	TUS		
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYI			2 - CLASS B		2 - CDL INTRASTATI		2 -		LLY OPERATII			T REFUSED	TAMINATED		
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOYI	ED SIDE ED BOTH FRO	ONT / SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES			(TEXTING, TY		SAI	T GIVEN, CON WPLE / UNUSA	BLE		
5 - NO APPAREN	IT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	LICABLE MENT UNKN	OWN	(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS A			TALKIN	G ON HANDS-F NICATION DE		5-TES	T GIVEN, RES	ULTS KNOWN ULTS		
	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE)- DECEUTI	WEIT UNINN	O 1014	6 - NO VALID OL		& CLASS B BUS			TALKIN	G ON HAND-HI NICATION DE	ELD	UNI	KNOWN			
1 - NOTTRANSP /TREATED A		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	Marian and a second	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE			OTHER	ACTIVITY WIT	H AN	1 - NON	OHOL TES	T TYPE		
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJE 2 - PARTIAL	CTED LLY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	MIT	6-	PASSEN	ONIC DEVICE IGER		2 - BL0	00D			
9 - OTHER / UNK	KNOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3 - TOTALLY	EJECTED		P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY				DISTRACTION THE VEHICLE		3 - URI 4 - BRI				
	QUIPMENT	OF TRUCK CAB	4 - NOT APP			N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMP				DISTRACTION		5 - OTH				
1 - NONE USED 2 - SHOULDER E	BELT ONLY USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	RAPPED PPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE		9-		/UNKNOWN			RUG TEST	TYPE		
3 - LAP BELT ON	ILY USED	PICK-UP WITH CAP)	2 - EXTRICA	ATED BY	c	S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAKI CONTROLS, OR O	ES, HAND		C	ONDITION		1 - NON 2 - BLC				
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM –		12 - PASSENGER IN UNENCLOSED CARGO AREA	AREA 3 - FREED BY			X - TANKER / HAZMAT ADAPTIVE DEV 14 - MILITARY VEHI			1 ATTAILETTET HORINAL			3 OIGHTE						
FORWARD FACING 6 - CHILD RESTRAINT SYSTEM –		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR					15 - MOTOR VEHICLE AIR BRAKES			E THI GIGHT IMPAIR		NAL (E.G., DEP		ESSED,		CIII T/C		
REAR FACING 7 - BOOSTER SEAT		(NON-TRAILING UNIT) 15 - NON-MOTORIST					16 - OUTSIDE MIRRO			ANGRY, DI ILLNESS				1-AMPHETAMINES				
8 - HELMET US	ED	99 - OTHER / UNKNOWN						17 - PROSTHETIC AID)		FELL AS FATIGUE	LEEP, FAINTE ED, ETC.	D,		RBITURATES NZODIAZEPIN	FS		
9 - PROTECTIVE (ELBOW, KNI										6-	UNDERT	THE INFLUENT CATIONS / DR			NZODIAZEPIN NNABINOIDS	LJ		
10 - REFLECTIVE											/ALCOHO			5 - COC 6 - OPI	CAINE ATES / OPIOID)S		
11 - LIGHTING - / BICYCLE OF	VLY									9-	VITEK/	OINKINUWIN		7 - 0TH				
99 - OTHER / UNKNOWN														8 - NEGATIVE RESULTS				

Ũ	OCCUPANT / WITNESS ADDENDUM							2024	- 0 0	RT NUMBER	3 9	4			
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENE						
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
90	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
i	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATI	E OF BIRTH		AGE	GENDER			
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE L	<u> </u>				
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facil it	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
Ĭ	UNIT#	NAME: LAS	T, FIRST, MIDDLE		DATI	DATE OF BIRTH AGE GENDE									
PANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	TH HIBTES	THURSER	T = 10.0												
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facili t	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
Ī	UNIT#	NAME: LAS	T, FIRST, MIDDLE	DATI	E OF BIRTH		AGE	GENDER							
PANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
OCCUPANT	TH HIDSES	TALLIDER							CEATING DOCUTION	LAXD DAG HEAGE	LEIEGERAN				
ı	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
Ī		INJU	JRIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA			1 - NONE US	ED - OCCUPANT		T – LEFT SIDE ORCYCLE DRIV	FR)	1 - NOT DE	PLOYED					
	2 - SUSPECTED SERIOUS INJURY			ER BELT ONLY USED	T – MIDDLE	LIO		YED FRONT							
		SIBLE INJU		3 - LAP BEL	TONLY USED		IT – RIGHT SIDE ND – LEFT SIDI		3 - DEPLOYED SIDE 4 - DEPLOYED BOTH						
	5 - NO APPARENT INJURY				ER & LAP BELT USED	(MOT	ORCYCLE PASS ND – MIDDLE		FRONT/						
l					STRAINT SYSTEM – D FACING		ND - RIGHT SIE	5 - NOT APPLICABLE DE 9 - DEPLOYMENT UNKNOWN							
	1 - NOTTRANSPORTED 6 - CHILD RE /TREATED AT SCENE REAR FA				STRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE								
	2 - EMS 7 - B00STER					D – MIDDLE		1 - NOT EJ							
	3 - POLICE 8 - HELMET				USED		D – RIGHT SIDE PER SECTION (2 - PARTIA	LLY EJECT	ΕD				
					IVE PADS USED KNEES, ETC.)		ENGER IN OTH O AREA (NON-TR			Y EJECTED					
					IVE CLOTHING	BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED TRAF									
				11 - LIGHTING / BICYCLI	G – PEDESTRIAN FONLY		O AREA	1 - NOTTR	TTRAPPED						
				99 - OTHER /			LING UNIT NG ON VEHICLE	. LYILDIND			ED BY MECHANICAL				
						(NON-	TRAILING UNIT)	EXTENION	MEANS 3 - FREED BY NON-MECHANIC			:Δ1			
	15 - NON-MOTORIST 99 - OTHER / UNKNOWI								MEANS		.011741110				
S		ST, FIRST, MIDD							E OF BIRTH		AGE	GENDER			
WITNESS			D ARTHUR III					CONTACT PHONE			5 8	_ M			
M	ADDRESS: STREET, CITY, STATE, ZIP 101 CLEARVIEW DR NEWARK, OH 43055														
S	NAME: LAST, FIRST, MIDDLE							DATI	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE														
ESS								DAII	DATE OF BIRTH AGE GENDER						
WITNESS	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
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