OFFICIAL TRAFFIC CRASH	LOCAL REPORT NUMBER*										
OH-2 K OH-3	2024-	0000	4477								
PHOTOSTAKEN OH-1P OTHER	REPORTING AGENCY NAME* Heath PD		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR					
SECONDARY CRASH PRIVATE PROPERTY	4507	1 - SOLVED LJ 2 - UNSOLVED	0 2	0 2 98 - ANIMAL 99 - UNKNOWN							
L - GITY	, VILLAGE, TOWNSHIP*		CRASH DATE / TIME* CRASH SEVERITY 1 - FATAL								
4 5 1 2 - VILLAGE HEATH		05092024, 1/1/ 2-SERIOUS INJURY									
2 - SOUTH	LOCATION ROAD NAME		ROAD TYPE	AND EXTERNATIONAL ENGINEERING ACCOUNTS AND A							
1 11 11 11	HEBRON		RD	40,025	9,7,6	SUSPECTED					
2 - SOUTH	REFERENCE ROAD NAME (ROAD, I	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE		4 - INJURY POSSIBLE					
3 - EAST 2	1004			-82,643	0 0 0	5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE 1 NORTH IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW - HIGHWAY	RD - ROAD	_	INTERSECTION RELA	ATED					
3 2-MILE POST 2-SOUTH US-		- AVENUE LA - LANE	SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH							
3 - HOUSE # 3 - EAST 4 - WEST SR -	STATE ROUTE	- BOULEVARD MP - MILEPOST - CIRCLE OV - OVAL	ST - STREET TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT	- CIRCLE OV - OVAL - COURT PK - PARKWAY	TL - TRAIL	ROADWAY							
2-FEET	ROULE	- DRIVE PI - PIKE - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVEN		NER OF CRASH COLLISION/IM	PACT	DIDECTION OF TRAVE	ME ME	DIAN TYPE					
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT (COLLISION 4-REAR-TO-REA		DIRECTION OF TRAVE 1 - NORTH	1 - DIVIDE	DIAN TYPE ED FLUSH MEDIAN					
O 1 2 - ON SHOULDER 10 - DRIVEWAY/ 3 - IN MEDIAN 11 - RAILWAY G	TWO	WEEN 5-BACKING MOTOR 6-ANGLE		2 - SOUTH	(< 4 F	EET) ED FLUSH MEDIAN					
4 - ON ROADSIDE 12-SHARED US	E PATHS OR TRAN	NSPORT 7-SIDESWIPE, S		3 - EAST 4 - WEST	(≥4 F	EET)					
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR 3 - HEAD	*		4 - DIVIDED, RAISED MEDIAN							
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER/UN					(ANY 1 9 - OTHER	VUNKNOWN					
O-OTE MAINT	WORK ZONE TYPE	LOCATION OF CRASH IN	WORK ZONE	CONTOUR	CONDITIONS	SURFACE					
	LANE CLOSURE	1 - BEFORE THE 15	T WORK ZONE	1	2	2					
	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARI		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE							
LAW ENFORCEMENT PRESENT	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AF		2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP,							
	OTHER	5 - TERMINATION		3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT					
LIGHT CONDITION	WEATHE	I.		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK					
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		,	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, DI	RT, SNOW	6-WATER (STANDING, MOVING) 5-DIRT							
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	EZING DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN							
9-OTHER/UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN	J					
NARRATIVE						Indicate the north					
Unit 1 reported to slow dov	vn for traffic and ge	ot _				direction with an "N" on the					
rear ended by unit 2.				ScenePD ™ - Evaluation Editi	on	compass diagram.					
Unit 2 reported to not see Un				Evaluation	Edition						
time and struck Unit 1 with t	•	oth Evaluation Edi	Evaluation Edition	Evaluation Edition							
units were traveling north or	1 SK. /9.			Evaluation Evaluation Edition	Evaluation Edition Edition						
		Evaluation Edi	Evaluation Edition ion		Evaluation Edition						
		_	Evaluation Edition	Evaluation Evaluation Edition	Edition I EBRO						
		Evaluation Edi		Evaluation	P.Q.Valua Eeiton						
		Evaluation = 31	Evaluation Edition	Evaluation Edition							
		L validation EN	ot To Scale	Evaluation	Evaluation Edition Edition	-					
		Evaluation Edi	Evaluation Edition		Evaluation Edition	<u> </u>					
		-	Evaluation Edition	Evaluation Evaluation		2_					
Evaluation Edition											
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TII	ME	SCENE CLEARED	DATE/TIME	REPORT TAKEN BY					
05092024 1717 050	92024 1718	05092024	17210	5092024	1749	X POLICE AGENCY					
TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY OFFICER'S NAME*											
ROADWAY CLOSED INVESTIGATION TIME MINUTES Roberts Markley OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE OFFICER'S BADGE NUMBER*						SUPPLEMENT (CORRECTION OR ADDITION TO AM EXISTING REPORT SENT TO ODPS)					
3,2	O 7 -	1 4 9	0 CHECKED 7	BY OFFICER'S BADGE I	4 7	TA See CATALING MELANT SENI IN ANDEST					

53 - TUNNEL

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

3 5

47 - MAILBOX

49 - FIRE HYDRANT

48 - TREE

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

1

36 - MEDIAN OTHER BARRIER

BARRIER

3 - UNDETERMINED

OHIO DEF OF PUBLI SAFETY - SERVE	OHIO DEPARTMENT MOTORIST / NON-MOTORIST						2 0 2 4 - 0 0 0 0 4 4 7 7									
UNIT # NAME: LAST, FIRST, MIDDLE									ATE OF BIRTH		T	AGE	GENDER			
01	BRAIDICH, KATHY L							1 1 / 2 9 / 1 9 5 4 6 9 F								
	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE															
<u> </u>	1 Ridge RD frazeysburg, OH 43822 RIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT										SEATING POSITI	ON ATD DA	G USAGE	EJECTION	TRAPPED	
NOONIES	TAKEN BY			INJUKEDI	NJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED O .4 .				F-COMPLIA HELME	ANT	1		1	1		
OL STATE				OFFENS				OFFENSE DESC	<u> </u>			CITA	CITATION NUMBER			
о н	OTENS OF ENGLISH NOW BER					CODE						OTATION NOMBER				
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	DIST		VER ALCOHOL / DRUG SUSPECTED RACTED ALCOHOL MARIJUAN			CONDITION	STATUS TY		VALUE	STATUS		G TEST(S RESUL	SELECT UP TO 4		
4		BY		1 OTHER DRUG		do o Alta	1	1	1	•	_1	1				
UNIT#	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER	
0 2	FERREE,	CELIA C							1 1	/ 2	2 0 / 1	9 7	7	4 6	F	
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
212 W	AVENUE K	LEWISTOWN, IL 61!	542										1			
INJURIES 5	INJURED EMS AGENCY (NAME) TAKEN BY		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		IISED 🖂		DOT-COMPLIANT SEATING POSITION		ON AIR BA		EJECTION 1	TRAPPED 1				
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAR	RGED	LOCAL	OFFENSE DESC	RIPTION			CITA	CITATION NUMBER			
I L				333.0	3		CODE	333.03				004	15070	000014	905	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALCO	HOL / DRUG SUSPE	CTED	CONDITION	STATUS		VALUE	STATUS	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
4			BY	1	=	_	ANAULIS	1	1	1 .		1	1			
UNIT #	NAME: LAST E	FIRST MIDDLE				THER DRUG					ATE OF BIRTH	L	<u> </u>	⊥ └──└ AGE	GENDER	
ONII #	# NAME: LAST, FIRST, MIDDLE													AUL	GENDER	
ADDRESS:	DRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
IOR I	,	,									1 (1				
INJURIES		EMS AGENCY (NAME)		INJUREDT	TAKEN TO:	MEDICAL FACILITY	(NAME, CITY)			- Causi vi	SEATING POSITI	ON AIR BA	G USAGE	EJECTION	TRAPPED	
NON	TAKEN BY LOOPERATOR LICENSE NUMBER OFFE				USED			DOT-COMPLIANT MC HELMET								
OL STATE				OFFENS	OFFENSE CHARGED LOCAL CODE		OFFENSE DESC	ESCRIPTION				CITATION NUMB				
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		JHOL / DRUG SUSPE LCOHOL MAF	ECTED RIJUANA	CONDITION	STATUS		VALUE	STATUS		G TEST(S RESUL	SELECT UP TO 4	
			BT		=	THER DRUG	MOUNIA	ļ. ,	ļ. ,	ļ. ,	•					
INJU	RIES	SEATING POSITION	A	IR BAG		OL CLASS	5	OL RESTRIC	TION(S)		RIVER DISTRA	CTION	i	TEST STA		
1 - FATAL	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYI					1 - ALCOHOL INTER				NC AN	1 - NONE GIVEN AN 2 - TEST REFUSED			
3 - SUSPECTED		2 - FRONT - MIDDLE	3 - DEPLOYI					3 - CORRECTIVE LENSES			JNICATION	N 3-TEST GIVEN, CONTAMINATED				
4 - POSSIBLE IN		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE		(nun_n)			4 - FARM WAIVER	DIALING)			SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN					
5 - NO APPAREN	(MOTORCYCLE PASSENGER) 9- DEPLOYMENT				CABLE 3 - EAGER I GLASS			J- IALKING ON HANDS-I				CE 5 - TEST GIVEN, RESULTS				
INJURED 1 - NOT TRANSP	D TAKEN BY 5- SECOND - MIDDLE 6- NO VALID				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	D TDAILED		TALKING ON HAND-H		UNKNOWN				
/TREATED AT	TED AT SCENE 7-THIRD – LEFT SIDE EJECTION				OL ENDORSEMENT 8-INTERMEDIATE			E LICENSE 5 - OTHER ACTIVITY WIT			TH AN	ALCOHOL TEST TYPE				
2 - EMS 3 - POLICE	(MOTORCYCLE SIDE CAR) 1 - NOT EJEC 8 - THIRD – MIDDLE 2 - PARTIALI		CTED H - HAZMAT RESTRICTIONS LY EJECTED M - MOTORCYCLE 9 - LEARNER'S PE						-	2 - BL00D						
	OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY		EJECTED P - PASSENGER RESTRICTION			RESTRICTIONS	7 - OTHER DISTRACTION				3 - URINE 4 - BREATH					
SAFETY E	AFETY EQUIPMENT 10 - SLEEPER SECTION OF TRUCK CAB 4 - NOT APPLICA			LICABLE	ABLE N-TANKER 10-LIMITEDTO DAY Q-MOTOR SCOOTER 11-LIMITEDTO EMI			PLOYMENT 8 - OTHER DISTRACTION OL								
1 - NONE USED	ENCLOSED CARGO AREA				R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTHE			9 - OTHER / LINKNOWN				DRUG TEST TYPE				
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRA 3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA		JED BY SPECIAL BRA			ES, HAND			1	1 - NONE						
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA		MECHAN 3 - FREED B	CHANICAL MEANS Χ-ΤΔΝΚΕΡ / ΗΔ7ΜΔΤ			CONTROLS, OR O ADAPTIVE DEVI		ES) 1 - APPARENTLY NORMAL ES ONLY 2 - PHYSICAL IMPAIRMENT			2 - BLOOD 3 - URINE 4 - OTHER				
	FORWARD FACING 13 - TRAILING UNIT						14 - MILITARY VEHICLE									
	6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES			3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		DRUG TEST RESULT(S)				
7 - BOOSTER SE	7 - BOOSTER SEAT 15 - NON-MOTORIST						16 - OUTSIDE MIRRO 17 - PROSTHETIC AII				ED.	1 - AMPHETAMINES 2 - BARBITURATES				
	8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED						18 - OTHER			FATIGUED, ETC.		2 - BARBITURATES 3 - BENZODIAZEPINES				
(ELBOW, KNE	(ELBOW, KNEES, ETC.)							6- UNDER THE INFLUENC OF MEDICATIONS / DRI / ALCOHOL								
10 - REFLECTIVE 11 - LIGHTING - F											/ ALCOHOL OTHER / UNKNOWN			AINE ATES / OPIOIC	S	
/ BICYCLE ON 99 - OTHER / UNK	BICYCLE ONLY											7 - OTHER				
	3- UTHER/ UNANUWN											8 - NEGATIVE RESULTS				