OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*										
PHOTOS TAKEN OH-2 OH-3	2023-	0000	5 2 4 3								
OH-1P OTHER SECONDARY CRASH PRIVATE PROPERTY	REPORTING AGENCY NAME*  Heath PD		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR  0 1 98 - ANIMAL					
COUNTY* LOCALITY* LOCATION: GIT	Y, VILLAGE,TOWNSHIP*			2 - UNSOLVED 99 - UNKNOWN  CRASH DATE / TIME*  CRASH SEVERITY							
4 5 1 2 VILLAGE HEATH	05112023 0710 5 1- FATAL										
7 NODEC	LOCATION ROAD NAME		ROAD TYPE	Z-SERIOUS INJURY							
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	THORNWOOD		D R	40,020	0 9 3	3 - MINOR INJURY SUSPECTED					
	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	LEES		R D	-82,480	5 1 5	5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	) - ROAD		INTERSECTION REL	ATED					
1 2-MILE POST 3 2-SOUTH IIS		- ALLEY HW - HIGHWAY RO - AVENUE LA - LANE SQ	WITHIN INTE	NTERSECTION OR ON APPROACH							
3- HOUSE #   - 3- EAST	- STATE ROUTE BL		- STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE CT		- TERRACE - TRAIL		ROADWAY						
1 - MILES TR 2 2 - FEET 3 - YARDS	ROUTE	- DRIVE PI - PIKE W - HEIGHTS PL - PLACE	A - WAY	ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVER	IT MAN	NER OF CRASH COLLISION/IMPAC	т	DIRECTION OF TRAVE	L MI	EDIAN TYPE					
1 - ON ROADWAY 9 - CROSSOVE  1 - ON SHOULDER 10 - DRIVEWAY	VALLEY ACCESS   BETV	COLLISION 4 - REAR-TO-REAR WEEN 5 - BACKING		1 - NORTH 1 - DIVIDED FLUSH MEDIAN ( < 4 FEET )							
3- IN MEDIAN 11-RAILWAY (	RADE CROSSING VEHI	CLES IN 6-ANGLE	DIDECTION	2-SOUTH 3-EAST 2-DIVIDED FLUSH MEDI (≥4 FEET)							
4 - ON ROADSIDE 12-SHARED U 5 - ON GORE TRAILS	2 - REAF	NSPORT 7 - SIDESWIPE, SAME R-END 8 - SIDESWIPE, OPPOS		4 - WEST 3 - DIVIDED, DEPRESSED							
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANI 7 - ON RAMP 14-TOLL BOO	DETILAL	O-ON 9-OTHER/UNKNOW	N	4 - DIVIDED, RAISED MEDI (ANY TYPE)							
8-OFF RAMP 99-OTHER/U	NKNOWN				9 - OTHE	R/UNKNOWN					
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WOR		CONTOUR	CONDITIONS	SURFACE					
T WARKERS DESCRIP	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST W WARNING SIGN		1	1	2					
LAW ENFORCEMENT PRESENT   3-	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING 3 - TRANSITION AREA	G AREA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRE 2 - STRAIGHT GRADE 2 - WET 2 - BLACKT							
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	۸	3 - CURVE LEVEL	2 - BLACKTOP, BITUMINOUS, ASPHALT						
				4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK					
<b>LIGHT CONDITION</b> 1 - DAYLIGHT	1 - CLEAR	.R 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
1 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	02 2 - CLOUDY	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	MOM	6 - WATER (STANDING, MOVING) 5 - DIRT							
4 - DARK — ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FREEZIN			9 - OTHER/UNKNOWN						
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOW	N					
NARRATIVE						<b>N</b> Indicate the north					
UNIT 1 WAS TRAVELING NO	RTHBOUND ON				+++	direction with an "N" on the					
THORNWOOD DR. UNIT 1 RA	AN OFF THE RIGHT	SIDE		ScenePD ™ - Evaluation Edition		compass diagram.					
OF THE ROADWAY AND STR		To-to-	Evaluation tion Edition	Evaluation Edition Edition							
GUY WIRE AND A UTILITY P	OLE. POLE LABEL IS	Evaluation Edition		Evaluation	Evaluation Edition	on Edition —					
ALLTEL 960 & 0036.		Evaluation Edition	Evaluation tion Edition	<ul> <li>Evaluation Edition</li> </ul>		_					
		Evaluation Edition		UTILITY POLE	EALLTEL 980,003 Edition	en Edition					
TRAFFIC SIGNS Evaluation Edition											
Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition											
Sevaluation Edition Evaluation Edition Evaluation Edition											
Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition											
Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition											
Evaluation Edition  Evaluation Edition  Trancite (877) 908-4777											
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY											
0,5112023, 0,710,051	12023 0712	05112023 07	7 2 1 0	5112023	0815	MOTORIST					
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINU	cked by OFFI	FICER'S NAME*									
	O OFFICER'S BAD	OGE NUMBER*		or officer's badge n	1UMBER* <b>7</b>	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					

OFF PUBLIC SAFETY OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						2 0	2 :	3 - 0 0		MBER 5	2 4	3				
UNIT # <b>0 1</b>								DATE OF BIRTH AGE GENDER 0 7 / 1 9 / 2 0 0 1 2 1 M								
ADDRESS:	SS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
1100 TH	1100 THORNWOOD DR 718 HEATH, OH 43056															
INJURIES 5	INJURED EMS AGENCY (NAME) TAKEN BY			INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, GITY)  SAFETY EQUIPMENT USED  O 4				T-COMPLIA		N AIR BAG	USAGE	EJECTION 1	TRAPPED 1		
OL STATE	TATE OPERATOR LICENSE NUMBER OFFENSE CHA				SE CHAF	RGED	LOCAL	OFFENSE DESC				CITATION NUMBER				
O H	<u>о н</u>			331.3	331.34 CODE ALL OTHER			ALL OTHER	OFFENSES			215612				
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2			VER TRACTED			CONDITION	STATUS TYPE VALUE			STATUS TYPE RESULT SELECT UP TO 4					
4				9	0	THER DRUG		1	_1	1	•	1	1			
UNIT #	NAME: LAST, F	FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
M INJURIES				_												
W INJURIES	INJURED I TAKEN BY	D EMS AGENCY (NAME)					SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET			IN AIR BAG USAGE EJECTION TRAPPED			TRAPPED		
OL STATE	OPERATOR L	LICENSE NUMBER		OFFENS	OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		VER	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION			L TEST	OTATUS.		TEST(S		
	SELECT UP TO 2		BY	TRACTED	=	LCOHOL   MAF	RIJUANA		STATUS	ITTPE	VALUE	STATUS	TYPE	KESULI	SELECT UP TO 4	
UNIT #									D	ATE OF BIRTH			AGE	GENDER		
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE									
		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEATING POSITIO	N AIR BAG	USAGE	EJECTION	TRAPPED	
NON	TAKEN BY					USED	Шмс	DOT-COMPLIANT MC HELMET								
OL STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHARGED LOCAL OFFE			OFFENSE DESC	RIPTION		CITATION NUMBER							
OL CLASS	ENDORSEMENT SELECT UP TO 2			VER TRACTED		OHOL / DRUG SUSPI		CONDITION		ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS   TYPE   RESULT SELECT UP TO 4			
	ļ		ВУ		=	LCOHOL <b>L</b> MAF THER DRUG	RIJUANA	ļ	ļ	ļ. ,						
INJU	IRIES	SEATING POSITION		AIR BAG		OL CLASS	S	OL RESTRIC	TION(S)	DF	RIVER DISTRAC	TION	T	EST STA	TUS	
1 - FATAL	oppious muov	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEF				1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY			NOT DISTRACTED	0.411	1 - NONE GIVEN				
3 - SUSPECTED	SERIOUS INJURY MINOR INJURY	Y 2 - DEPLOY 2 - FRONT - MIDDLE 3 - DEPLOY					3 - CORRECTIVE LENSES			2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION			2 - TEST REFUSED  3 - TEST GIVEN, CONTAMINATED			
4 - POSSIBLE IN	IJURY	3 - FRONT - RIGHT SIDE	4 - DEPLOY	ED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER		DEVICE (TEXTING, TYPING, DIALING)			SAMPLE / UNUSABLE				
5 - NO APPAREN	(MOTORCYCLE PASSENGER)		5 - NOT APP	E MIC MODED ONLY			5 - EXCEPT CLASS			TALKING ON HANDS-FI		4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS				
INJURED	S SECOND MIDDLE 9-DEPLOTMENT UNKNOWN 0-EXCEPT CL.						6 - EXCEPT CLASS & CLASS B BUS	TINIANONNI						0210		
1 - NOT TRANSP /TREATED AT		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	F	JECTION		OL ENDODES	MENT	7 - EXCEPT TRACTO			COMMUNICATION DEV		ALCO	HOL TES	Т ТҮРЕ	
2 - EMS	(MOTORCYCLE SIDE CAR) 1 - NOT EJECTE			6- INTERWEDIAT						1 - NONE						
3 - POLICE	8 - THIRD - MIDDLE 2 - PARTIALLY EJECTED			M - MOTORCYCLE 9 - LEARNER'S PEI							2 - BLOOD					
9 - OTHER / UNK	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY EJE 10 - SLEEPER SECTION 4 MAT ADD LC			JECIED F - PASSENGER				RESTRICTIONS 7  10 - LIMITED TO DAYLIGHT ONLY			7 - OTHER DISTRACTION 3 - URINE INSIDE THE VEHICLE 4 - BREATH					
SAFETY E	SAFETY EQUIPMENT OF TRUCK CAB			N - TANKER Q - MOTOR SCOOTER	INNER			PLOYMENT 8 - OTHER DISTRACTION (								
1 - NONE USED	ENCLOSED CARGO AREA			R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTHE			9 - OTHER / UNKNOWN			DRUG TEST TYPE						
	- SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRAPPE - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATED			FD BY SPECIAL			(SPECIAL BRAK	CHANICAL DEVICES ECIAL BRAKES, HAND				1 - NONE				
4 - SHOULDER 8	4- SHOULDER & LAF BELL USED			ANICAL MEANS X - TANKER / HAZMAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 -	CONDITION  1 - APPARENTLY NORMAL		2 - BLOOD 3 - URINE				
	5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 13 - TRAILING UNIT		3 - FREED E NON-ME	ED BY -MECHANICAL MEANS			14 - MILITARY VEHICLES ONLY			2 - PHYSICAL IMPAIRMENT		4 - OTHER				
6 - CHILD REST	6 - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR						15 - MOTOR VEHICLES WITHOUT AIR BRAKES			<ul> <li>3 - EMOTIONAL (E.G., DEPRESSI ANGRY, DISTURBED)</li> </ul>		DRUG TEST RESULT(S)				
	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST						16 - OUTSIDE MIRROR			4- ILLNESS		1-AMPHETAMINES				
	8 - HELMET USED 99 - OTHER / UNKNOWN						17 - PROSTHETIC AID 18 - OTHER			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES				
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						10 - UI NEK	6-1	6- UNDER THE INFLUENCE			3 - BENZODIAZEPINES 4 - CANNABINOIDS				
10 - REFLECTIVE											OF MEDICATIONS / DRU 'ALCOHOL	IGS	5 - COCAI			
11 - LIGHTING - I	PEDESTRIAN									9- (	OTHER / UNKNOWN			ES / OPIOID	S	
/ BICYCLE OF 99 - OTHER / UNK													7 - OTHE 8 - NEGA	R TIVE RESUL	.TS	