OFFICE CRASH	REPORT *DENOTES MA	NDATORY FIELD FOR SUPPLEM	ENT REPORT		OCAL REPORT NUM					
OH-2	2024-	0000	4512							
PHOTOS TAKEN OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR				
SECONDARY CRASH PRIVATE PROPERTY	Heath PD	0.4	1507	1 - SOLVED L 2 - UNSOLVED	0 3	0 3 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATION: CIT		CRASH DATE / TIME* CRASH SEVERITY								
4 5 1 2 - VILLAGE HEATH				05102024	1752 5	2 - SERIOUS INJURY				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 3 - EAST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE	Process of the second	SUSPECTED 3 MINOR IN HIRV				
1 11 11 11 11 11 11 11 11 11 11 11 11 1			шш	40,027	0 3 8	3 - MINOR INJURY SUSPECTED				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE		4 - INJURY POSSIBLE				
3 - EAST 2 - 4 - WEST	Central		PK	-82,044	6 0 8	5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE IN NORTH IR	ROUTE TYPE - INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW- HIGHWAY R	D - ROAD	_	INTERSECTION REL	ATED				
1 2-MILE POST 2-SOUTH IIS			Q - SQUARE	WITHIN INTE	RSECTION OR ON APP	ROACH				
3 - HOUSE # 3 - EAST SR	- STATE RUUTE		T - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES				
FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE CT		L - TRAIL	ROADWAY						
2 - FEET	ROUTE	- DRIVE PI - PIKE V - HEIGHTS PL - PLACE	VA - WAY	ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVE		NER OF CRASH COLLISION/IMPA	eT.	DIDECTION of TRAVE		DIANTYPE				
1 - ON ROADWAY 9 - CROSSOVE	R 1-NOT	COLLISION 4 - REAR-TO-REAR		DIRECTION OF TRAVE 1 - NORTH	0. 12000	DIAN TYPE ED FLUSH MEDIAN				
A STATE OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERT	TWO	WEEN 5-BACKING MOTOR ICLES IN 6-ANGLE		2 - SOUTH	2 - DIVID	EET) ED FLUSH MEDIAN				
4 - ON ROADSIDE 12 - SHARED L	SE PATHS OR TRAI	NSPORT 7-SIDESWIPE, SAME		3 - EAST 4 - WEST	(≥4 F					
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LAN	2 - REAF 3 - HEAI	*			4 - DIVID	ED, RAISED MEDIAN				
7 - ON RAMP 14 - TOLL BOO' 8 - OFF RAMP 99 - OTHER / U					(ANY) 9 - OTHER	VUNKNOWN				
G-OIT NAMI	WORK ZONE TYPE	LOCATION OF CRASH IN WO	DK 70NF	CONTOUR	CONDITIONS	SURFACE				
	LANE CLOSURE	1 - BEFORE THE 1ST V		1	1	2				
	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNIN	IG AREA	1 - STRAIGHT LEVEL	ļ	1 - CONCRETE				
LAW ENFORCEMENT PRESENT	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA	k .	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP,				
	OTHER	5 - TERMINATION ARE	ĒΑ	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT				
LIGHT CONDITION	WEATHE	ER		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK				
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		, - 0.11_1001111101111	OIL, GRAVEL	STONE				
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SMOKE	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	SNOW	6 - WATER (STANDING, MOVING) 5 - DIRT						
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN	NG DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN	5-SEELI, HAIL	77- OTTERY BIKINOWN			9 - OTHER/UNKNOWN	1				
NARRATIVE			ŢŢ			Indicate the north				
Unit 1 and Unit 2 were s	• •				+++	direction with an "N" on the				
left onto Central Parkway. U		- 1		ScenePD ™ - Evaluation Editi	on	compass diagram.				
from Central Parkway striki	ng Unit 1, then strik	ing		Evaluation	Edition					
Unit 2.		Evaluation Edition	Evaluation Edition	Evaluation Edition						
		_	SR 79	Evaluation Edition	Evaluation Edition Edition	-				
		Evaluation Edition	Evaluation Edition	///	Evaluation Edition	_				
		CENTRAL PARKWA	v Evaluation Edition	Evaluation Edition ##	Edition					
		Evaluation Edition		B & B KROGEÆMaNMANDI	Evaluation Edition	3				
		Evaluation Edition	Evaluation Edition	Evaluation Edition Not 70 Scale		DOSER				
				N Evaluation Evaluation Edition	Evaluation Edition Edition					
		Evaluation Edition	Evaluation Edition		Evaluation Edition					
			Evaluation Edition	Evaluation Evaluation Edition	Edition	1-				
		Evaluation Edition		Trancite (877) 908-4777		1: 1: 3				
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	2011-021-025 2011/02/025	REPORT TAKEN BY				
05102024 1752 051	02024 1754	05102024 1	7570	5102024	1823	POLICE AGENCY				
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINU			ECKED BY OFFI	CER'S NAME*	-	MOTORIST				
MINU	Roberts OFFICER'S BAI			Y OFFICER'S BADGE N	IUMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				
	0 7 -		0 7	- 1	5 2					

J FIRST HARMFUL EVENT

1

J FIRST HARMFUL EVENT

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

1

42 - CULVERT

0F 6

3 5

OHIO DEI OF PUBL SAFETY - SERV	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MATTY - MANUSC - PANTISCE - PANTISC						2 0 2 4 - 0 0 0 0 4 5 1 2									
UNIT #								DATE OF BIRTH AGE GENDER								
0 1	LANIZ, FURESI A							1 1 / 1 6 / 1 9 6 1 6 2 M								
2 2	ESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE Lashley RD LOT 469 SENECAVILLE, OH 43780															
INJURIES	· · · · · · · · · · · · · · · · · · ·								T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
2 2 5	TAKEN BY							USED 0 4		T-COMPLIA HELMET	NT	1		1	1	
OL STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHAR			RGED	LOCAL OFFENSE DESC		CRIPTION		CITA	CITATION NUMBER				
Д о н							CODE									
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	OHOL / DRUG SUSP		CONDITION	STATUS	ALCOHO TYPE	L TEST VALUE	STATUS		RESULT	SELECT UP TO 4	
. 4			BY	1	=	LCOHOL MAI THER DRUG	RIJUANA	1 1	.1 .	1		. 1	1			
UNIT #	NAME: LAST, F	FIRST, MIDDLE			<u> </u>					D.	ATE OF BIRTH			AGE	GENDER	
0 2	ERLENBA	CH, DEREK LYNN							0 ,7	, , 0	5 / 1	9 7	7 4	4 6	М ,	
ADDRESS:	: STREET, CITY, STA	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE				
2207 F	orest Ridge	e DR Hebron, OH 43	025													
Z	TAKEN	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED		-Complia					TRAPPED	
5	BY	TOPNOT NUMBER		OFFEN.				0 4	MC HELMET 0 1				1 1 1			
OL STATE	OPERATUR L	ICENSE NUMBER ■		OFFENSE CHARGED LOCAL CODE			UFFENSE DESC	SE DESCRIPTION			CITATION NUMBER					
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		VER	ALC	OHOL / DRUG SUSP	LLL Ected	CONDITION		ALCOHO				TEST(S		
	SELECT UP TO 2		DIS BY	TRACTED	Д	LCOHOL MA	RIJUANA	1	STATUS	_	VALUE	STATUS	TYPE 1	RESULT	SELECT UP TO 4	
				1	0	THER DRUG			1	1	• — — —	1		<u> </u>	 I	
UNIT #	NAME: LAST, F	•							0.3		ATE OF BIRTH	0 6	_	AGE 5 .8 .	GENDER	
	BELL, DIA				O 3		4 / 1		6	5 6	<u> </u>					
2		Heath, OH 43056									L - INCEGDE AREA				I . I I .	
≘	INJURED	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)			Causin	SEATING POSIT	ON AIR BA	G USAGE	EJECTION	TRAPPED	
5	TAKEN BY						USED 0 4	DOT-COMPLIANT O 1 1				_1				
OL STATE	OPERATOR L	OPERATOR LICENSE NUMBER OFFENSE CHAP			RGED	LOCAL CODE	OFFENSE DESC	OFFENSE DESCRIPTION CIT			CITA	ITATION NUMBER				
ВОН				331.0			331.08			ALCOHOL TEST			004507000014905 DRUG TEST(S)			
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION	STATUS		VALUE	STATUS			SELECT UP TO 4	
_4				1	=	THER DRUG		1	1	1	•	_ 1	1			
	JRIES	SEATING POSITION		AIR BAG		OL CLAS	S	OL RESTRIC			IVER DISTRA	CTION		EST STA	TUS	
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEF 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			NOT DISTRACTED WANUALLY OPERATI	NG AN	1 - NONI 2 - TEST	REFUSED		
3 - SUSPECTED		2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLOY		NT / 0/5F	3 - CLASS C		3 - CORRECTIVE LE	NSES	1	ELECTRONIC COMMU DEVICE (TEXTING, T			r given, con Ple / unus <i>a</i>	TAMINATED	
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	4 - DEPLOY 5 - NOT APP	ED BOTH FRO PLICABLE	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 - DEPLOY	MENT UNKN	OWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A	(COMMUNICATION DE	VICE		T GIVEN, RES NOWN	ULTS	
1 - NOT TRANSP	PORTED	6 - SECOND - RIGHT SIDE	_	I-o-ron			M-N-	7 - EXCEPT TRACTO	R-TRAILER		COMMUNICATION DE	VICE	ALC	DHOL TES	ST TYPE	
/TREATED AT 2 - EMS	I SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION CTED		OL ENDORSE	WENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		OTHER ACTIVITY WI ELECTRONIC DEVICE		1 - NONI			
3 - POLICE	analya.	8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE		LLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	TIMIT		PASSENGER OTHER DISTRACTION	ı	2 - BL00 3 - URIN			
9 - OTHER / UNK	KNUWN	10 - SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONL	γ 1	INSIDE THE VEHICLE		4 - BRE			
1 - NONE USED	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	Т	RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EM 12 - LIMITED - OTHE			OTHER DISTRACTION THE VEHICLE	OUTSIDE	5 - OTHE			
2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	APPED		R - THREE-WHEEL MO S - SCHOOL BUS	JIOKCYCLE	13 - MECHANICAL D	EVICES	9 - 1	OTHER / UNKNOWN		1 - NON	UG TEST E	TYPE	
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED			RICATED BY T - DOUBLE & TRIPLE TRAILERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)			CONDITION		2 - BL00D				
5 - CHILD RESTRAINT SYSTEM - CARGO AREA			- FREED BY X - TANKER / HAZMAT NON-MECHANICAL MEANS			14 - MILITARY VEHI		1 ALLANCETTE TOTAL			3 - URINE 4 - OTHER					
6 - CHILD REST	- CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR						15 - MOTOR VEHICLES WITHOUT AIR BRAKES			3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		DRUG TEST RESULT(S)				
	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST							16 - OUTSIDE MIRROR		4-1	4- ILLNESS		1 - AMPHETAMINES			
8 - HELMET US	8 - HELMET USED 99 - OTHER / UNKNOWN						17 - PROSTHETIC AI 18 - OTHER			5- FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES 3 - BENZODIAZEPINES				
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					10-0111EIX				6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS			
10 - REFLECTIVE										1	ALCOHOL THER / UNKNOWN		5 - COCA		18	
/ BICYCLE OF							7- UINEN/ UINNU				THERY UNKNOWN	6 - OPIATES / OPIOIDS 7 - OTHER				
99 - OTHER / UNK	KNOWN												8 - NEGA	ATIVE RESU	LTS	

OHODISATE OCCUPANT / WITNESS ADDENDUM							2024	- 0 0	0 0 4		2				
	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
									1 0 / 2 1 / 1 9 6 4 5 9 F						
JPAN	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
			RD SENECAVILL	E, OH 43780			T	SEATING POSITION AIR BAG USAGE EJECTION TRAPPE							
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED 1			
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE				'	DATE	OF BIRTH	<u> </u>	AGE	GENDER			
ı	O2 ERLENBACH, NICOLE ANN ADDRESS: STREET, CITY, STATE, ZIP								0 / 1 9	_8 _0 _	4 3	F			
PAN									- INCLUDE AREA COI	DE		•			
昌			ge DR HEBRON, C												
٥		INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	- DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED					
	_5	BY					0 4	MC HELMET	0 3	1	1	_1			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER							
Ļ	03		IICHAEL AARON					0 5 / 2 5 / 1 9 7 1 5 2 M							
OCCUPAN		STREET, CITY,		2056				CONTACT PHONE - INCLUDE AREA CODE							
8			AVE HEATH, OH 4 EMS AGENCY (NAME)	9000	INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	ATR BAG USAG	EJECTION	TRAPPED			
	, 5	TAKEN BY	MO AGENOT (MAINE)		SORES TARENTO, INEDIGAL I AGILI	manue, of 17	USED 0 4	DOT-COMPLIANT MC HELMET	0 3	1 1	1 1	1			
5	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE	OF BIRTH		AGE	GENDER			
			,,,												
ANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
CCUPAN															
ē	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	- DOT COMPLYANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED			
		BY				_		MC HELMET			نــــالـ				
			JRIES		/ EQUIPMENT USED		SEATING POS	ITION		AIR BAG L	ISAGE				
	1 - FATA		DIQUE IN HIDV	1 - NONE US VEHICLE	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	ER)	1 - NOT DE						
2 - SUSPECTED SERIOUS INJURY				2 - SHOULDE	ER BELT ONLY USED 2 - FRONT - MIDDLE				2 - DEPLOYED FRONT 3 - DEPLOYED SIDE						
					T ONLY USED 3 - FRONT – RIGH 4 - SECOND – LEF				4 - DEPLOYED BOTH						
	5 - NO A	PPARENT	INJURY		R & LAP BELT USED (MOTORCYCLE PA:				FRONT/SIDE						
5 - CHILD RE INJURED TAKEN BY FORWARI					ESTRAINT SYSTEM – D FACING		ND – MIDDLE ND – RIGHT SII	5 - NOT APPLICABLE DE 9 - DEPLOYMENT UNKNOWN							
1 - NOTTRANSPORTED 6 - CHILD R					ESTRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE	0.4.0.)							
/TREATED AT SCENE REAR FA				7 - BOOSTER			D – MIDDLE	GAR)	0 N						
				8 - HELMET			D – RIGHT SIDE		1 - NOT EJECTED 2 - PARTIALLY EJECTED						
			TVE PADS USED		PER SECTION (ENGER IN OTH		Y EJECTED								
(ELBOW,			KNEES, ETC.)	CARG	O AREA (NON-TI	RAILING UNIT,	4 - NOT APPLICABLE								
			TVE CLOTHING G – PEDESTRIAN		PICK-UP WITH CAI ENGER IN UNE		TRAPPED								
/ BICYCLI							O AREA		1 - NOTTRAPPED						
	99 - OTHER /				UNKNOWN	13 - TRAILING UNIT 14 - RIDING ON VEHICLE		EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS						
							TRAILING UNIT) MOTORIST		3 - FREED		ECHANICA	ΔL			
							R / UNKNOWN		MEANS						
SS	NAME: LAS	ST, FIRST, MIDD	LE						OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	LLLLL L					
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i	NAME: LAS	ST, FIRST, MIDD	LE					DATE	OF BIRTH		AGE	GENDER			
NA CONTRACTOR OF THE CONTRACTO															
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
SS	NAME: LAS	ST, FIRST, MIDD	LE						OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	INCLUDE AREA COI	L DE					
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