OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*										
□ 0H-2 <b>▼</b> 0H-3	2023-	0001	3553								
CHAIR OH-1P OTHER	REPORTING AGENCY NAME*		CIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR					
SECONDARY CRASH PRIVATE PROPERTY	Heath PD	0 4	507	1 - SOLVED 2 - UNSOLVED		<b>0 2</b> 98 - ANIMAL 99 - UNKNOWN					
COUNTY* LOCALITY* 1 - CITY	FY, VILLAGE, TOWNSHIP*			CRASH DATE / T		RASH SEVERITY 1 - FATAL					
3-TOWNSHIP	ROAD TYPE	2 - SERIOUS INJURY									
2-SOUTH 3-EAST	COCATION ROAD NAME  30TH		ST	40029	ethodd i percessel (datrodd en	3 - MINOR INJURY					
T N ZO1	REFERENCE ROAD NAME (ROAD, I		ROAD TYPE	LONGITUDE DE		SUSPECTED 4 - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	853 S. 30th St.			-82 4 4 3	3 8 9	5 - PROPERTY DAMAGE					
REFERENCE POINT DIRECTION	ROUTE TYPE	L   ROAD TYPE		L	NTERSECTION RELAT	ONLY FED					
2 MILE POST 2 COUTU	277		- ROAD	<del></del>	RSECTION OR ON APPR	Opening (Charge S)					
3- HOUSE # L 3- EAST	- I EDERAL OS ROOTE		- SQUARE - STREET	WITHIN INTER	RCHANGE AREA NI	UMBER OF APPROACHES					
	- NUMBERED COUNTY ROUTE CR -		- TERRACE - TRAIL	ROADWAY							
1 - MILES TR 2 - FEET	ROADWAY DIV	IDED									
		HEIGHTS PL - PLACE		Se Deny Provensional Constructor, Civil	500,000	CODE Constant NAME AND CO					
LOCATION OF FIRST HARMFUL EVEI 1 - ON ROADWAY 9 - CROSSOVE	R 1-NOT (	IER OF CRASH COLLISION/IMPACT COLLISION 4 - REAR-TO-REAR		DIRECTION OF TRAVEL 1 - NORTH	n Habiter se o	IAN TYPE D FLUSH MEDIAN					
The state of the s	TWO	VEEN 5-BACKING MOTOR CLES IN 6-ANGLE		2 - SOUTH	( < 4 FE	ET ) D FLUSH MEDIAN					
4 - ON ROADSIDE 12-SHARED L 5 - ON GORE TRAILS	A CALCULA MANAGEMENT AND A CALCULATION OF THE STATE OF TH	ISPORT 7 - SIDESWIPE, SAME D		3 - EAST 4 - WEST	( ≥4 FE						
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LAN	3 - HEAD	*		4 - DIVIDED, RAISED MEDIAN							
7 - ON RAMP 14-TOLL BOOTH (ANY TYPE) 8 - OFF RAMP 99-OTHER / UNKNOWN 9 - OTHER/UNKNOWN											
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK	K ZONE	CONTOUR	CONDITIONS	SURFACE					
1	- LANE CLOSURE - LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST WO WARNING SIGN	ORK ZONE	1	1	2					
-	-WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING 3 - TRANSITION AREA	AREA	1 - STRAIGHT LEVEL	1 - CONCRETE						
4	- INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - BLACKTOP, BITUMINOUS,						
ACTIVE SCHOOL ZONE 5	- OTHER	5 - TERMINATION AREA	<b>\</b> :		3 - SNOW 4 - ICE	ASPHALT 3 - BRICK/BLOCK					
<b>LIGHT CONDITION</b> 1 - DAYLIGHT	WEATHE 1 - CLEAR	R 6 - SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 01L, GRAVEL, STONE							
1 2 - DAWN/DUSK	.01 2 - CLOUDY	7 - SEVERE CROSSWINDS			6 - WATER (STANDING MOVING)	5 OZGGGGG					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	8 - BLOWING SAND, SOIL, DIRT, S 9 - FREEZING RAIN OR FREEZING			7 - SLUSH	9 - OTHER/UNKNOWN					
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN						
NARRATIVE		Li li i				Indicate the north					
Unit 1 was traveling north o	n S. 30th St. in the l	eft			+++	direction with an "N" on the					
lane. Unit 2 was in a parkin	-			ScenePD ™ - Evaluation Edition		compass diagram.					
S. 30th St. Unit 2 attempted			Evaluation Edition	Evaluation Edition	11						
and struck the left side of U	nit 1. Unit 2 fled the	Evaluation Edition		E aluation E	Evaluation E Evaluation Edition	dition					
scene.		Evaluation Edition		Evaluation Edition							
		-		Evaluation Edition	Evaluation E Evaluation Edition	dition					
Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition											
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Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition											
Evaluation Edition  Evaluation Edition  Evaluation Edition  Not To Scale											
Trancite (877) 908-4777											
CRASH REPORTED DATE / TIME  1 2 0 8 2 0 2 3 1 0 1 9 1 2 0	82023 1019 1		25 1	2082023		POLICE AGENCY					
TOTAL TIME OTHER TOTAL				CER'S NAME*		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINU	Peterson					SUPPLEMENT (CORRECTION OR ADDITION					
2 0 9	O OFFICER'S BAD	GE NUMBER*  1 4 5	CHECKED B	Y OFFICER'S BADGE N	UMBER*	TO AN EXISTING REPORT SENT TO ODPS)					

**J FIRST HARMFUL EVENT** 

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3 5

OHIO DEF OF PUBLI SMFETY - SERVI	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST  MATTY - BENNEL - PROTECTION MOTORIST							2 0 2 3 - 0 0 0 1 3 5 5 3								
UNIT_#										DATE OF BIRTH AGE GENDER						
01	MOLDEN, JEFFERY P							0 4 / 1 9 / 1 9 6 2 6 1 M								
₹	ACON DD NEWADY OH 420FF									CONTACT PHONE - INCLUDE AREA CODE						
3	EACON RD NEWARK, OH 43055  S INJURED   EMS AGENCY (NAME)   INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   SAFETY EQUIPMENT									SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
5 S	TAKEN BY	AKEN				: WEDICAL FACILITY	(NAME, GITY)	USED 0 4		T-COMPLIA HELME	NT	- 1	N AIR BAG USAGE   EJECTION   TRAPPED			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DES	CRIPTION	I	,	CITATION NUMBER				
ОН					CODE											
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER TRACTED		OHOL / DRUG SUSPE	ECTED RIJUANA	CONDITION		ALCOHO TYPE	VALUE	STATUS		RESULT	SELECT UP TO 4	
4			BY	1	=	THER DRUG	KIJUANA	1	1	1		1	1			
UNIT#	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER	
0 2	SIX, LILL	IE E							0 7	<sub>_</sub> / <sub>_</sub> 0	5 / 1	9 3	3   _ 9	9 0	F	
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE	· · · · · ·			
9864 SI	UMMIT RD	HEATH, OH 43056														
INJURIES	TAKEN	EMS AGENCY (NAME)		1		: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMEN USED 0 4	DOT-COMPLIANT		ON AIR BAG USAGE EJECTION TRAPPED  6 1 1			_		
OL STATE		Heath FD ICENSE NUMBER			Licking Memorial   Local Loc			OFFENSE DES				ـــاك	CITATION NUMBER			
O H	OPERATOR L	ICENSE NUMBER		331.2		KULD	LOCAL CODE	331.22	CKIFTIO	•				5121323001		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		DRIVER ALCOHOL / DRUG SUSPECTED				CONDITION		L TEST	DRUG TEST(S)			)		
	SELECT UP TO 2		BY	TRACTED		LCOHOL MAF	COHOL MARIJUANA		STATUS	_	VALUE	STATUS			RESULT SELECT UP TO 4	
_4				9	0	THER DRUG		9	1	1	•	1			<u> </u>	
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER	
ADDRESS:	STREET CITY ST.	ATE 71D				CONTACT PHONE - INCLUDE AREA CODE				_						
ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PH											AREA CODE					
INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		T	F C	SEATING POSITI	ON AIR BA	G USAGE	EJECTION	TRAPPED	
	TAKEN BY				USED			MC HELMET								
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	OFFENSE CHARGED LOCAL CODE			OFFENSE DES	CRIPTION	RIPTION			CITATION NUMBER			
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		IVER TRACTED		DHOL / DRUG SUSPE LCOHOL   MAF	ECTED RIJUANA	CONDITION		TYPE	VALUE	STATUS		RESULT	SELECT UP TO 4	
				1	=	THER DRUG				ļ. ,		l <sub>ı</sub>				
	RIES	SEATING POSITION		AIR BAG		OL CLASS	5	OL RESTRI			RIVER DISTRAC	CTION		TEST 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 INTE 2 - CDL INTRASTA			NOT DISTRACTED MANUALLY OPERATI	NG AN		IE GIVEN T REFUSED		
3 - SUSPECTED		2 - FRONT - MIDDLE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE L			ELECTRONIC COMMU	NICATION	3-TEST	T GIVEN, CON		
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 3 - FRONT - RIGHT SI 4 - SECOND - LEFT SI		4 - SECOND - LEFT SIDE	4 - DEPLOY 5 - NOT APP	'ED BOTH FRO	ONT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS			DIALING)	NG) NG ON HANDS-FREE		SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN		
(MOTORCYCLE PASSENGER)				MENT UNKN	OWN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS	i A		COMMUNICATION DE	VICE	5 - TEST GIVEN, RESULTS UNKNOWN			
1 - NOTTRANSPORTED 6 - SECOND - RIGHT SIDE						6 - NO VALID OL		& CLASS B BU: 7 - EXCEPT TRAC			TALKING ON HAND-H COMMUNICATION DE	TION DEVICE ALCOHOL TEST TY				
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION CTED		OL ENDORSEN H - HAZMAT	MENT	8 - INTERMEDIAT RESTRICTIONS			OTHER ACTIVITY WIT		1 - NON		)	
3 - POLICE	8-THIRD - MIDDLE		2 - PARTIALLY EJECTED M - MOTORCYCLE			9 - LEARNER'S PERMIT			6 - PASSENGER			2 - BLOOD 3 - URINE				
9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION		3 - TOTALLY EJECTED P - PASSENGER 4 - NOT APPLICABLE N - TANKER			RESTRICTIONS  10 - LIMITED TO DAYLIGHT ONLY			7 - OTHER DISTRACTION INSIDE THE VEHICLE			4 - BREATH					
SAFETY EQUIPMENT  OF TRUCK CAB  11 - PASSENGER IN OTHER			4 - NOT APPLICABLE N - TAINNER  Q - MOTOR SCOOTER				22 CIMITES TO CITE COTTO			8 - OTHER DISTRACTION OUTSIDE 5 - OTHE THE VEHICLE			ER			
ENCLOSED CARGO AREA			1 - NOT TRA	R-THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH APPED S. SCHOOL BUS 13 - MECHANICAL						OTHER / UNKNOWN			UG TEST	TYPE		
3 - LAP BELT ONLY USED PICK-UP WITH CAP)		PICK-UP WITH CAP)	P)			TRAILERS	(SPECIAL BRAK			CONDITION		1 - NONE 2 - BLOOD				
5 - CHILD RESTRAINT SYSTEM –		12 - PASSENGER IN UNENCLOSED CARGO AREA				X - TANKER / HAZMAT	ADAPTIVE DE			APPARENTLY NORMA		3 - URINE				
FORWARD FA	FORWARD FACING 13 - TRAILING UNIT		NON-ME	NON-MECHANICAL MEANS			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		3 - 1	2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER				
REAR FACIN	REAR FACING (NON-TRAILING UNIT)						AIR BRAKES  16 - OUTSIDE MIRROR		A	ANGRY, DISTURBED) 4- ILLNESS		DRUG TEST RESULT(S)  1-AMPHETAMINES				
	7 - BOOSTER SEAT 15 - NON-MOTORIST 3 - HELMET USED 99 - OTHER / UNKNOWN								PROSTHETIC AID 5- FELL AS			L ASLEEP, FAINTED, 2 - BARBITURATES				
9 - PROTECTIVE	9 - PROTECTIVE PADS USED							18 - OTHER		6- l	'ATIGUED, ETC. INDER THE INFLUEN	E INFLUENCE 4 CANNARIMON			ES	
(ELBOW, KNEES, ETC.) 0 - REFLECTIVE CLOTHING											OF MEDICATIONS / DF ALCOHOL	RUGS	4 - CANNABINOIDS 5 - COCAINE			
11 - LIGHTING - I	IGHTING – PEDESTRIAN BICYCLE ONLY									9-0	THER / UNKNOWN	/N 6 - OPIATES / OPIOIDS			S	
	SICYCLE ONLY THER / UNKNOWN									7 - OTHER 8 - NEGATIVE RESULTS						

Ũ	OCCUPANT / WITNESS ADDENDUM						2 0 2	3	- 0 0	0 1 3	B 5 5	3					
	UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDE							
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE								
9	INJURIES	INJURED	EMS AGENCY (NAME)		IN HIDED TAKEN TO: MEDICAL FACULT	TV (NAME CITY)	SAFETY EQUIPMENT		<u> </u>	SEATING POSITION	ATD DAC HEAD	ELECTION	TRAPPED				
	L	TAKEN BY	EINS AGENCY (NAIME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT USED			DOT-COMPL	LIANT	LATING POSITION	L L		IRAFFED				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE						DATE	OF BIRTH		AGE	GENDER				
PANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE									
OCCUPAN							SAFETY EQUIPMENT										
J	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: <b>Medical Facil</b> it	DOT-COMPL	LIANT	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED						
ì	UNIT #	T # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER							
Ļ	ADDDESS	: STREET, CITY,	CTATE 71D					CONTACT PHONE									
OCCUPAN	ADDICESS	· 31KLL1, 0111,	SIMIL, ZIF					CONTACT PHONE - INCLUDE AREA CODE									
Ö	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT		SEATING POSITION AIR BAG US		GE EJECTION	TRAPPED				
8	UNIT #		T, FIRST, MIDDLE						l	OF BIRTH		∟ AGE	GENDER				
									1			1 1					
PANT								CONTACT PHONE - INCLUDE AREA CODE									
OCCUPANT						T				<u> </u>							
	INJURIES INJURED TAKEN BY				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED USED			DOT-COMPL	LIANT	SEATING POSITION	AIR BAG USAI	iE EJECTION	TRAPPED				
i		INJU	JRIES	SAFETY	ZEQUIPMENT USED		SEATING POS	ITION			AIR BAG	USAGE					
	1 - FATAL 1 - NONE USED - 1 - FRONT - LEFT VEHICLE OCCUPANT (MOTORCYCLE						IT – LEFT SIDE ORCYCLE DRIV										
			RIOUS INJURY NOR INJURY		ER BELT ONLY USED	E 3 - DEPLOYED S E 4 - DEPLOYED B				Т							
		SIBLE INJU		3 - LAP BEL					YED BOTH								
	5 - NO A	APPARENT	INJURY		ER & LAP BELT USED ESTRAINT SYSTEM –	ORCYCLE PASS ND – MIDDLE	ENGER)		FRONT/SIDE  5 - NOT APPLICABLE								
ı	INJURED TAKEN BY FORWAR				DFACING	ND – RIGHT SI	DE		9 - DEPLOYMENT UNKNOWN								
					ESTRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE	CAR)									
	2 - EMS 7 - B00STER				SEAT		D – MIDDLE D – RIGHT SIDE	1 - NOT EJECTED									
	3 - POLICE 8 - HELMET 9 - OTHER / UNKNOWN 9 - PROTECT				USED TVE PADS USED	10 - SLEE	O- SLEEPER SECTION OF TRUCK CAB 1. PASSENGER IN OTHER ENCLOSED 3 - TOTALLY EJECTED										
	7 01112117 0111111101111				KNEES, ETC.)	CARG	11 - PASSENGER IN OTHER ENCLOSED  CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)  3 - IUIALLY EJECTE 4 - NOT APPLICABLE										
					TVE CLOTHING G – PEDESTRIAN	NCLOSED		TRAPPED									
				/ BICYCLI				1 - NOT TRAPPED									
				99 - OTHER / I	UNKNOWN	NG ON VEHICLE	EXTERIOR		2 - EXTRICATED BY MECHANICAL MEANS								
	15 - NON-MOTORIST 99 - OTHER / UNKNOWI							3 - FREED BY NON-MECHANICAI MEANS									
	NAME: LA	ST, FIRST, MIDD	LE						DATE	OF BIRTH		AGE	GENDER				
WITNESS		•	VEN MARIO							1   1   9   1   1   9   1   1   1   1	- 1	3 9	M				
M		: STREET, CITY,	IEATH, OH 43056							- INCLUDE AREA COI		, 5 , 2	2 , 5 ,				
i	NAME: LA	ST, FIRST, MIDD	LE					DATE OF BIRTH AGE GENDE									
WITNESS	BETTS, JESSICA KATHRYN  ADDRESS: STREET, CITY, STATE, ZIP							0 5 / 1 5 / 1 9 9 6 2 7 F  CONTACT PHONE - INCLUDE AREA CODE									
M	302 W MAIN ST NEWARK, OH 43055																
ESS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER								
WITNESS	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PH	IONE -	INCLUDE AREA COI	DE						
								<u> </u>					<u> </u>				