

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-1P ☐ PRIVATE PROPERTY	☒ OH-3 ☐ OTHER		LOCAL INFORMATION		2020-00001258								
COUNTY* 67		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Stow		REPORTING AGENCY NAME* Stow Police		NCIC* 07712		HIT/SKIP 1-SOLVED 2-UNSOLVED		NUMBER OF UNITS 02		UNIT IN ERROR 98-ANIMAL 99-UNKNOWN	
CRASH DATE / TIME* 01212020/1108		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		LATITUDE DECIMAL DEGREES 41.156530		LONGITUDE DECIMAL DEGREES -81.405550		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		5		4		NUMBER OF APPROACHES	
ROUTE TYPE S R		ROUTE NUMBER 59		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME KENT		ROAD TYPE R D		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4301		ROAD TYPE		ROADWAY DIVIDED	
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE TYPE IR-INTERSTATE ROUTE(TP) US-FEDERAL US ROUTE SR-STATE ROUTE CR-NUMBERED COUNTY ROUTE TR-NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL-ALLEY AV-AVENUE BL-BOULEVARD CR-CIRCLE CT-COURT DR-DRIVE HE-HEIGHTS		ROAD TYPE HW-HIGHWAY LA-LANE MP-MILEPOST OV-OVAL PK-PARKWAY PI-PIKE PL-PLACE		INTERSECTION RELATED ☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA		ROADWAY		ROADWAY DIVIDED	
DISTANCE FROM REFERENCE 3		DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS		LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP		MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST		MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (>4 FEET) 3-DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN					
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN		CONDITIONS 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		SURFACE 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN					
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN		NARRATIVE Unit 1 was e/b on State Route 59/Kent Road. Unit 1 was stopped at the traffic signal in the left turn lane to go n/b into the plaza driveway to 4301 Kent Road. Unit 2 was also e/b on SR 59 and attempted to suddenly change lanes from the left (straight) lane into the left turn lane. Unit 2 was in the process of delivering food for Panera restaurant. Unit 2 failed to yield to Unit 1 ("in blind spot") and the rear driver-side of Unit 2 struck the front passenger-side of Unit 1.		Indicate the north direction with an "N" on the compass diagram.									
CRASH REPORTED DATE / TIME 01212020/1108		DISPATCH DATE / TIME 01212020/1109		ARRIVAL DATE / TIME 01212020/1119		SCENE CLEARED DATE / TIME 01212020/1219		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)							
TOTAL TIME ROADWAY CLOSED 017		OTHER INVESTIGATION TIME 040		TOTAL MINUTES 110		OFFICER'S NAME* Ginther, John L		CHECKED BY OFFICER'S NAME* Drummond, Daniel N							
OFFICER'S BADGE NUMBER* 731		CHECKED BY OFFICER'S BADGE NUMBER* 708													

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER BROWNFIELD, MARK, ALLEN			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER 8446 RAVENNA RD, TWINSBURG TWP 44087				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # GYH2036	VEHICLE IDENTIFICATION # J A 4 J T 3 A W 4 A Z 0 1 4 9 4 4	VEHICLE YEAR 2 0 1 0	VEHICLE MAKE Mitsubishi
	☐ INSURANCE VERIFIED	INSURANCE COMPANY ERIE	INSURANCE POLICY # Q115907321	COLOR WHI	VEHICLE MODEL OUTLANDER
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS 0 2	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 0 3				
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)		
	# OF TRAILING UNITS				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		1 - YES 2 - NO 9 - OTHER / UNKNOWN		
	AUTONOMOUS MODE LEVEL 0		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		
SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		
	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING		
	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP		
VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		
	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN		
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		
	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK		9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS		
ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		
	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS		13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE		
CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING		
	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY		17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING		
SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN		
	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE		
COLLISION WITH FIXED OBJECT - STRUCK	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		
	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT		
50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN					
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 0 2 0 - 0 0 0 0 1 2 5 8	
DAMAGE	
DAMAGE SCALE 2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 1 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0 0 0	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	

UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER
HALL-GAY, MICHELLE, DEYVONNE

OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER

903 UNION ST SW, WARREN, OH 44485

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **O H** LICENSE PLATE # **HWS3437** VEHICLE IDENTIFICATION # **2 G4 WY5 2 M4 W1 5 6 2 2 2 0** VEHICLE YEAR **1 9 9 8** VEHICLE MAKE **Buick**☐ INSURANCE
VERIFIED **PROGRESSIVE**INSURANCE POLICY #
934545696COLOR
GRNVEHICLE MODEL
CENTURY☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY
RESPONSE

US DOT #

TOWED BY: COMPANY NAME

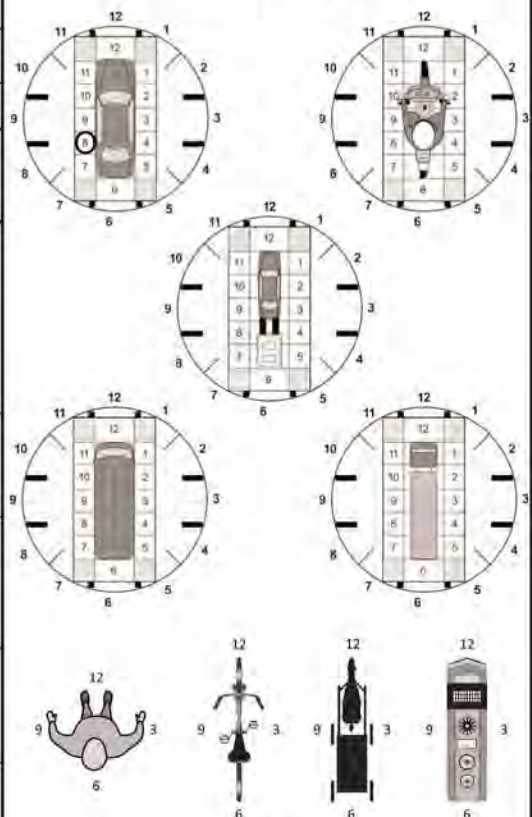
☐ INTERLOCK
DEVICE
EQUIPPED ☐ HIT/SKIP UNIT#OCCUPANTS
0 1VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.HAZARDOUS MATERIAL
☐ MATERIAL
RELEASED ☐ PLACARDUNIT TYPE
0 1
1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
3 - SPORT UTILITY VEHICLE
4 - PICK UP
5 - CARGO VAN
6 - VAN (9-15 SEATS)
7 - MOTORCYCLE 2-WHEELED
8 - MOTORCYCLE 3-WHEELED
9 - AUTOCYCLE
10 - MOPED OR MOTORIZED
BICYCLE
11 - ALL TERRAIN VEHICLE
(ATV / UTV)
12 - GOLF CART
13 - SNOWMOBILE
14 - SINGLE UNIT TRUCK
15 - SEMI-TRACTOR
16 - FARM EQUIPMENT
17 - MOTORHOME
18 - LIMO (LIVERY VEHICLE)
19 - BUS (16+ PASSENGERS)
20 - OTHER VEHICLE
21 - HEAVY EQUIPMENT
22 - ANIMAL WITH RIDER OR
ANIMAL-DRAWN VEHICLE
23 - PEDESTRIAN / SKATER
24 - WHEELCHAIR (ANY TYPE)
25 - OTHER NON-MOTORIST
26 - BICYCLE
27 - TRAIN
99 - UNKNOWN OR HIT/SKIP
OF TRAILING UNITSWAS VEHICLE OPERATING IN AUTONOMOUS
MODE WHEN CRASH OCCURRED?
2 1 - YES 2 - NO 9 - OTHER / UNKNOWN
AUTONOMOUS
MODE LEVEL
0
0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
3 - CONDITIONAL AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATION
9 - UNKNOWNSPECIAL
FUNCTION
0 1
1 - NONE
2 - TAXI
3 - ELECTRONIC RIDE SHARING
4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER
6 - BUS - CHARTER/TOUR
7 - BUS - INTERCITY
8 - BUS - SHUTTLE
9 - BUS - OTHER
10 - AMBULANCE
11 - FIRE
12 - MILITARY
13 - POLICE
14 - PUBLIC UTILITY
15 - CONSTRUCTION EQUIPMENT
16 - FARM
17 - MOWING
18 - SNOW REMOVAL
19 - TOWING
20 - SAFETY SERVICE PATROL
21 - MAIL CARRIER
99 - OTHER / UNKNOWNCARGO
BODY
TYPE
9 9
1 - NO CARGO BODY TYPE
/ NOT APPLICABLE
2 - BUS
3 - VEHICLE TOWING ANOTHER
MOTOR VEHICLE
4 - LOGGING
5 - INTERMODAL CONTAINER
CHASSIS
6 - CARGO VAN/ENCLOSED BOX
7 - GRAIN/CHIPS/GRAVEL
8 - POLE
9 - CARGO TANK
10 - FLAT BED
11 - DUMP
12 - CONCRETE MIXER
13 - AUTO TRANSPORTER
14 - GARBAGE/REFUSE
99 - OTHER / UNKNOWNVEHICLE
DEFECTS
1
1 - TURN SIGNALS
2 - HEAD LAMPS
3 - TAIL LAMPS
4 - BRAKES
5 - STEERING
6 - TIRE BLOWOUT
7 - WORN OR SLICK TIRES
8 - TRAILER EQUIPMENT
DEFECTIVE
9 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR
ACCIDENT
99 - OTHER / UNKNOWNNON-MOTORIST
LOCATION
AT IMPACT
1
1 - INTERSECTION - MARKED
CROSSWALK
2 - INTERSECTION - UNMARKED
CROSSWALK
3 - INTERSECTION - OTHER
CROSSWALK
4 - MIDBLOCK - MARKED
CROSSWALK
5 - TRAVEL LANE - OTHER LOCATION
6 - BICYCLE LANE
7 - SHOULDER / ROADSIDE
8 - SIDEWALK
9 - MEDIAN/CROSSING ISLAND
10 - DRIVEWAY ACCESS
11 - SHARED USE PATHS OR
TRAILS
12 - FIRST RESPONDER
AT INCIDENT SCENE
99 - OTHER / UNKNOWNACTION
3
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - BOTH STRIKING
& STRUCK
9 - OTHER / UNKNOWN
PRE-CRASH
ACTIONS
0 3
1 - STRAIGHT AHEAD
2 - BACKING
3 - CHANGING LANES
4 - OVERTAKING/PASSING
5 - MAKING RIGHT TURN
6 - MAKING LEFT TURN
7 - MAKING U-TURN
8 - ENTERING TRAFFIC LANE
9 - LEAVING TRAFFIC LANE
10 - PARKED
11 - SLOWING OR STOPPED
IN TRAFFIC
12 - DRIVERLESS
13 - NEGOTIATING A CURVE
14 - ENTERING OR CROSSING
SPECIFIED LOCATION
15 - WALKING, RUNNING,
JOGGING, PLAYING
16 - WORKING
17 - PUSHING VEHICLE
18 - APPROACHING
OR LEAVING VEHICLE
19 - STANDING
20 - OTHER NON-MOTORIST
21 - STANDING OUTSIDE
DISABLED VEHICLE
99 - OTHER / UNKNOWNCONTRIBUTING
CIRCUMSTANCES
0 9
1 - NONE
2 - FAILURE TO YIELD
3 - RAN RED LIGHT
4 - RAN STOP SIGN
5 - UNSAFE SPEED
6 - IMPROPER TURN
7 - LEFT OF CENTER
8 - FOLLOWING TOO CLOSE / ACD
9 - IMPROPER LANE CHANGE
10 - IMPROPER PASSING
11 - DROVE OFF ROAD
12 - IMPROPER BACKING
13 - IMPROPER START FROM A
PARKED POSITION
14 - STOPPED OR PARKED
ILLEGALLY
15 - SWERVING TO AVOID
16 - WRONG WAY
17 - VISION OBSTRUCTION
18 - OPERATING DEFECTIVE
EQUIPMENT
19 - LOAD SHIFTING/FALLING/
SPILLING
20 - IMPROPER CROSSING
21 - LYING IN ROADWAY
22 - NOT DISCERNIBLE
23 - OPENING DOOR INTO
ROADWAY
99 - OTHER IMPROPER ACTIONSEQUENCE OF EVENTS
1 2 0
1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION
4 - JACKKNIFE
5 - CARGO / EQUIPMENT
LOSS OR SHIFT
6 - EQUIPMENT FAILURE
7 - SEPARATION OF UNITS
8 - RAN OFF ROAD RIGHT
9 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN
11 - CROSS CENTERLINE -
OPPOSITE DIRECTION OF
TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON-COLLISION
14 - PEDESTRIAN
15 - PEDALCYCLE
16 - RAILWAY VEHICLE
17 - ANIMAL - FARM
18 - ANIMAL - DEER
19 - ANIMAL - OTHER
20 - MOTOR VEHICLE IN
TRANSPORT
21 - PARKED MOTOR VEHICLE
22 - WORK ZONE MAINTENANCE
EQUIPMENT
23 - STRUCK BY FALLING,
SHIFTING CARGO OR
ANYTHING SET IN MOTION
BY A MOTOR VEHICLE
24 - OTHER MOVABLE OBJECTCOLLISION WITH FIXED OBJECT - STRUCK
1
25 - IMPACT ATTENUATOR
/ CRASH CUSHION
26 - BRIDGE OVERHEAD
STRUCTURE
27 - BRIDGE PIER OR ABUTMENT
28 - BRIDGE PARAPET
29 - BRIDGE RAIL
30 - GUARDRAIL FACE
31 - GUARDRAIL END
32 - PORTABLE BARRIER
33 - MEDIAN CABLE BARRIER
34 - MEDIAN GUARDRAIL
BARRIER
35 - MEDIAN CONCRETE
BARRIER
36 - MEDIAN OTHER BARRIER
37 - TRAFFIC SIGN POST
38 - OVERHEAD SIGN POST
39 - LIGHT / LUMINARIES
SUPPORT
40 - UTILITY POLE
41 - OTHER POST, POLE
OR SUPPORT
42 - CULVERT
43 - CURB
44 - DITCH
45 - EMBANKMENT
46 - FENCE
47 - MAILBOX
48 - TREE
49 - FIRE HYDRANT
50 - WORK ZONE MAINTENANCE
EQUIPMENT
51 - WALL
52 - BUILDING
53 - TUNNEL
54 - OTHER FIXED OBJECT
99 - OTHER / UNKNOWNFIRST HARMFUL EVENT **1** MOST HARMFUL EVENT **1**

LOCAL REPORT NUMBER

2 0 2 0 - 0 0 0 0 1 2 5 8

DAMAGE

DAMAGE SCALE

2 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWNDAMAGED AREA(S)
INDICATE ALL THAT APPLY☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14]
☐ - TOP [13] ☐ - ALL AREAS [15]
☐ - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 8
0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW
2 1 - ONE-WAY
2 - TWO-WAY
TRAFFIC CONTROL
2 1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL# OF THROUGH LANES
ON ROAD**4**

RAIL GRADE CROSSING

1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM **4** TO **5**
1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED

0 1 5

DETECTED SPEED

1 1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED

3 5

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER															
2 0 2 0 - 0 0 0 0 1 2 5 8															
UNIT #		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER				
0 1		CROMER-BROWNFIELD, NYCOLE, LYNN						0 7 1 8 1 9 8 3		3 6	F				
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE					
8446 RAVENNA RD ,TWINSBURG TWP 44087															
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5								0 4		☐	0 1	1	1	1	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER					
O H															
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)	
4						1		☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		1		STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP TO 4	
										1		1 1		1	
UNIT #		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER				
0 2		GAY, ROBERT, WALTER						1 1 1 2 1 9 8 6		3 3	M				
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE					
519 OHIO AVE ,Ravenna ,OH 44266															
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5								0 4		☐	0 1	1	1	1	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER					
O H				331.14		X		Signals Before Chang		142689					
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)	
4						1		☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		1		STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP TO 4	
										1		1 1		1	
UNIT #		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE					
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
										☐					
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)	
								☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG				STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP TO 4	
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS			
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN			
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED			
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN			
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE			
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)						7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE			
2 - EMS		8 - THIRD - MIDDLE						8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD			
3 - POLICE		9 - THIRD - RIGHT SIDE						9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE			
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB						10 - LIMITED TO DAYLIGHT ONLY				4 - BREATH			
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)						11 - LIMITED TO EMPLOYMENT				5 - OTHER			
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA						12 - LIMITED - OTHER				DRUG TEST TYPE			
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT						13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				1 - NONE			
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						14 - MILITARY VEHICLES ONLY				2 - BLOOD			
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST						15 - MOTOR VEHICLES WITHOUT AIR BRAKES				3 - URINE			
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN						16 - OUTSIDE MIRROR				4 - OTHER			
6 - CHILD RESTRAINT SYSTEM - REAR FACING								17 - PROSTHETIC AID				DRUG TEST RESULT(S)			
7 - BOOSTER SEAT								18 - OTHER				1 - AMPHETAMINES			
8 - HELMET USED												2 - BARBITURATES			
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												3 - BENZODIAZEPINES			
10 - REFLECTIVE CLOTHING												4 - CANNABINOIDS			
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												5 - COCAINE			
99 - OTHER / UNKNOWN												6 - OPIATES / OPIOIDS			
												7 - OTHER			
												8 - NEGATIVE RESULTS			



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 0 - 0 0 0 0 1 2 5 8

OCCUPANT		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
UNIT #	01	CROMER, VERONICA, A		1 1 0 7 1 9 5 6		63	F		
ADDRESS: STREET, CITY, STATE, ZIP		323 MADISON AVE ,Cuyahoga Falls ,OH 44221							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				04		03	1	1	1
OCCUPANT		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION			
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED			
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED			
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE			
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED			
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED			
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS			
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS			
				99 - OTHER / UNKNOWN					
WITNESS		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
WITNESS		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
WITNESS		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							

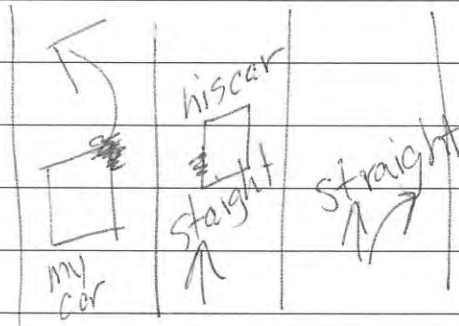


LOCAL REPORT NUMBER 20-01258	REPORTING AGENCY Stow PD	DATE OF CRASH M 1 D 21 Y 20
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>Nycole Brownfield</u> HEREBY MAKE THIS VOLUNTARY STATEMENT TO	
PRINTED	
<u>Gintler, 731</u>	AT <u>4333 Kent Rd.</u>
OFFICER'S NAME	LOCATION

I was stopped at the light (turn lane left) awaiting the arrow and the right side of my car was struck by another vehicle.



ADDRESS OF WITNESS 8446 Ravenna Rd Twinsburg OH 44087	
SIGNATURE OF WITNESS X <u>Nycole Brownfield</u>	
OFFICER'S SIGNATURE X <u>Off. J. Gintler, 731</u>	



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 20-01258	REPORTING AGENCY Stow PD	DATE OF CRASH M 1 D 21 Y 20
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>Robert GAY</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>Gintler 731</u> OFFICER'S NAME	AT <u>4333 Kent Rd.</u> LOCATION

X. I WAS trying to make a left hand turn and did not see
the driver in the lane I was turning into.

ADDRESS OF WITNESS + 519 Ohio Ave Ravenna OH 44115	
SIGNATURE OF WITNESS X <u>[Signature]</u>	
OFFICER'S SIGNATURE X <u>[Signature]</u> 731	